HEARTS
PROMOTING MENTAL HEALTH TOGETHER

HEARTS FOUNDATION BRICKS REPORT

Mental Health Needs Assessment of Five European Higher Education Institutions

Co-funded by the European Union

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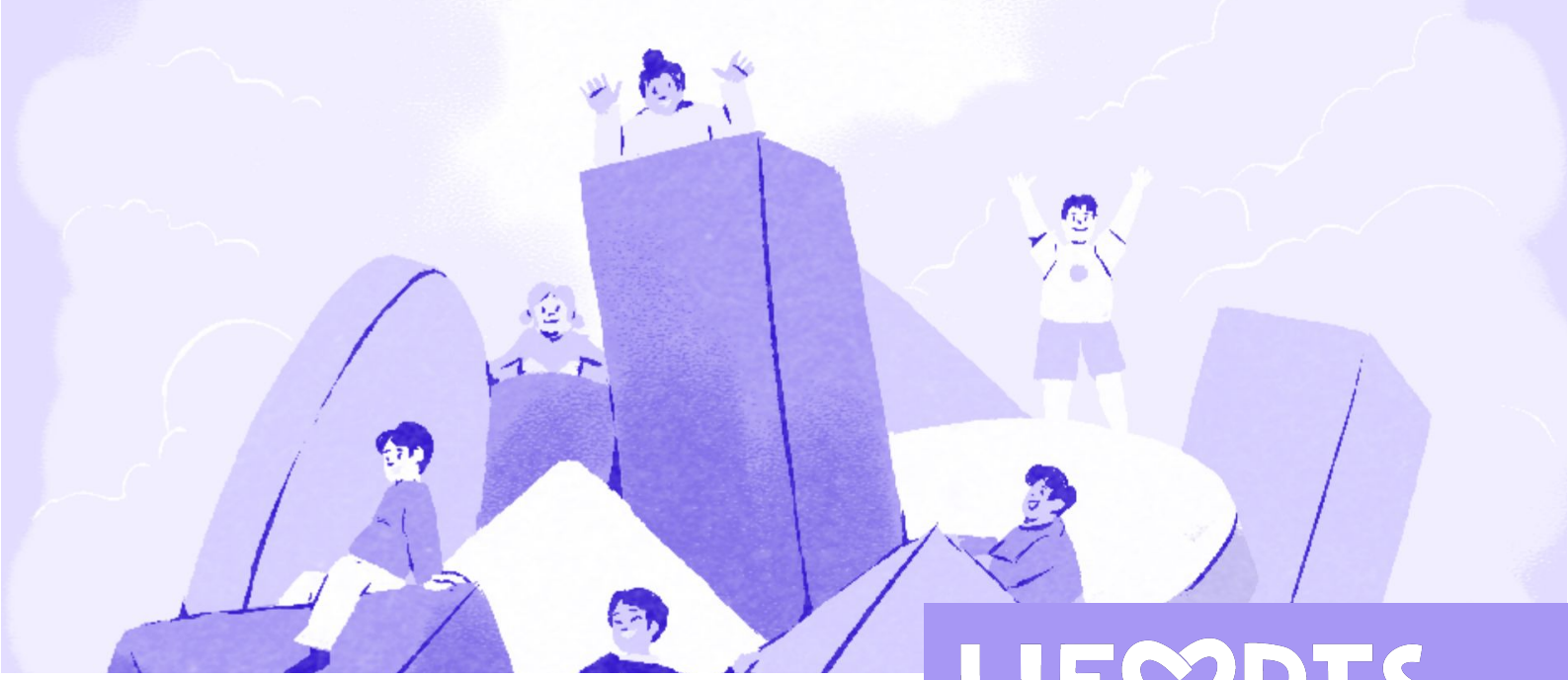

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Executive Summary

The ***HEARTS Foundation Bricks Report*** addresses the urgent mental health crisis in higher education. This pressing issue has been worsened by the COVID-19 pandemic, rising global tensions, backlash against various social minorities, increasing stress, and inadequate support systems. The report undertakes a comprehensive needs assessment across five universities in Barcelona, Lisbon, Turin, Cagliari, and Malta, utilizing service mapping, surveys, and interviews. This approach provides an interdisciplinary and intercultural perspective on the mental health challenges facing European higher education institutions today.

The findings highlight the crucial need to enhance a sense of belonging and connectedness within university environments, which significantly impacts mental health outcomes. The report also reveals relevant gaps in mental health services, including access barriers and insufficient support for diverse groups. It advocates for adopting preventative and holistic mental health promotion strategies. Future efforts should focus on creating more inclusive and supportive environments and integrating diverse, preventive practices into existing mental health frameworks. The insights from this report aim to guide universities in developing more effective and responsive mental health strategies to better meet the needs of their students and staff.

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Introduction

Introduction

Higher education institutions and their communities are currently facing a mental health crisis. University students are 9%-13% more likely to develop a psychiatric disorder than the general population (Eisenberg et al., 2007; Ibrahim et al., 2013). Estimates indicate that there is a 25%-33.6% prevalence of depression, 31%-39% of anxiety, 6-17% of post-traumatic stress disorder, and 14% of suicide-related risks among university students (Chang et al., 2021; Li et al., 2022; Read et al., 2011; Sheldon et al., 2021). The incidence of common mental health conditions among university students can increase based on their exposure to both lifetime and recent stressful life events (Anders et al., 2012). For example, the prevalence of post-traumatic stress disorder among university students worldwide rose to approximately 21–28% during the COVID-19 pandemic.(Hu et al., 2023).

The mental health crisis does not only negatively impact students but also affects higher education staff. Those working in higher education are likely to experience burnout and occupational stress, leading to psychological distress, mental disorders, and negative coping strategies (i.e., substance use; Hammoudi Halat et al., 2023; Shen & Slater, 2021). In fact, some studies show that higher education staff, both academic and non-academic, report similar levels of anxiety, depression, and stress as the student population (Meeks et al., 2023). Notably, graduate students are six times more likely to develop a mental disorder than the general population (Evans et al., 2018). One in two Ph.D. candidates experience psychological distress, while one in three is at risk of developing common mental health disorders (Levecque et al., 2017). In addition to these challenges, university staff, both academic and non-academic, have become more susceptible to developing or experiencing post-traumatic stress disorder in recent years, largely due to the impact of COVID-19 (Fan et al., 2021). This vulnerability is particularly pronounced among individuals with prior traumatic experiences (Goldstein et al., 2023).

Despite growing public health concerns, the mental health crisis in higher education appears to be worsening (Gunnell et al., 2020). The COVID-19 pandemic has significantly intensified psychological distress and mental health challenges among both university students and staff (Copeland et al., 2021; Marelli et al., 2021; Rodríguez-Hidalgo et al., 2020; Son et al., 2020; Wang et al., 2020). In light of this, universities must implement immediate, trauma-informed interventions to address this urgent issue.

The reasons behind the mental health crisis in higher education are complex and multifactorial. Members of the higher education community are experiencing high levels of stress and uncertainty for the future (e.g., financial insecurities, lack of employment opportunities, threats of the climate crisis; Galway & Field, 2023; Wu et al., 2020). They also endure increased social isolation and loneliness in conjunction with the erosion of social institutions (e.g., communities and places of worship; Bonsaksen et al., 2022; Richardson et al., 2017). Unfortunately, these sources of stress have aggravated in the aftermath of the COVID-19 pandemic (Buizza et al., 2022; Carr et al., 2022) and the rise of armed international conflict (Riad et al., 2022). It does not help the case that many higher education institutions are often ill-equipped to deal with the mental health demands of their community (Brewster et al., 2022; Watkins et al., 2012).

Many people around the world are facing similar stressors, which raises the question of why members of the higher education community seem more susceptible to developing mental health disorders than the general population.

For students, starting university is a transitional stage in which many of them face new challenges, meet diverse sets of people, and start making independent decisions about their lives (Cleary et al., 2011). However, they must do so in a high-pressure and competitive environment, away from their support system, while financially dependent and meeting their academic demands.

In the case of university staff, higher education institutions have quickly grown in the last two decades, leading to more intake of students, increased pressure to deliver high-quality work, more competition, and a greater need to generate research income for the university (Urbina-Garcia, 2020). All of this can make higher education staff feel exhausted, unhappy, and burnt out due to their increasingly overwhelming workload and its interference with their work-life balance (Evans et al., 2018; Levecque et al., 2017; Watts & Robertson, 2011). University staff also face tremendous stress due to the lack of employment opportunities, job insecurities, and financial precarities (Hammoudi Halat et al., 2023). On top of that, higher education staff are also overwhelmed trying to meet the mental health needs of students (Payne, 2022).

The current state of the mental health crisis in higher education is not only a cause of concern for the health and well-being of students and staff. It is also worrying since psychological distress and mental disorders in higher education contexts have been associated with adverse short- and long-term outcomes. For instance, poor performance and engagement, increased dropout rates, dysfunctional interpersonal relationships, reduced personal income, and the prospect of recurrent or lifelong mental health issues (Hernández-Torrano et al., 2020; Watts & Robertson, 2011). This mental health crisis and its consequences are particularly devastating for those belonging to a social minority group. There is evidence suggesting that university students and staff who are women, of an ethnic or racial minority, LGBTQ+, from a religious minority background, or functionally diverse are far more likely to report worse mental health outcomes than their non-minority counterparts due to discrimination (Riva et al., 2024). Equally, there is a lack of intercultural competencies among higher education mental health services, which can further cause distress and discourage staff and students from accessing them since they are not able to meet their specific needs (Arday, 2022; Priestley et al., 2022).

Taking all of this into account, higher education institutions need to acknowledge the mental health crisis happening within their communities and respond to their specific needs accordingly for the health and future of all its members. Even though higher education institutions have conditions that can exacerbate mental health disorders, they are also in the unique position of having the necessary opportunities to create effective mental health initiatives for their community. As Hunt and Eisenberg (2010) put it:

> *"College represents the only time in many people's lives when a single integrated setting encompasses their main activities—both career- related and social—as well as health services and other support services. Campuses, by their scholarly nature, are also well positioned to develop, evaluate, and disseminate best practices (p. 3)".*

One of the ways to build effective mental health initiatives in higher education is to identify the needs of its community and all its members. A bibliometric mapping of the literature regarding the mental health of university students in the past 45 years conducted by Hernández-Torrano and colleagues (2020) showed that interest in this

field has exponentially grown, garnering more interest in the past decade or so. The same study indicates that higher education mental health is a growing body of research from all over the world and from interdisciplinary fields of knowledge. However, most of this knowledge stems from the United States and within the biomedical and behavioral sciences with an emphasis on a pathogenic approach to mental health. Additionally, the mental health needs of university students are overwhelmingly represented in the literature. Little is known about the experiences of university staff (see Urbina-Garcia, 2020), higher education communities outside of an Anglo-American context, and those who belong to social minority groups.

The HEARTS Project

To address the shortcomings of the mental health needs of the higher education community and the unique opportunities universities have in creating effective responses, the "***HEARTS: Higher Education Action Response for Trauma Support"*** (Erasmus + Project n°: 2023-1-ES01-KA220-HED-000158841) emerged to answer these demands. Specifically, the HEARTS Project aims to assess the mental health needs of students and staff with a particular interest in those belonging to a minority group across five European higher education institutions: (1) Universitat Autònoma de Barcelona (The University Autonomous of Barcelona; Barcelona, Spain), (2) Iscte – Instituto Universitário de Lisboa (Lisbon, Portugal), (3) L-Università ta' Malta (University of Malta; Valletta, Malta), (4) Università di Torino (University of Turin; Turin, Italy), and (5) Università degli Studi di Cagliari (University of Cagliari; Cagliari, Italy). By better understanding the mental health needs of the students and staff of these higher education institutions, the HEART Project wants to inform and create mental health promotion strategies at each university that are evidence-based and tailored to address their unique demands.

The HEARTS Project conducted quantitative and qualitative assessments targeted towards their higher education communities to assess the mental health needs of students and staff at these five universities. These empirical assessments used an interdisciplinary approach. They draw not only from biomedical and behavioral sciences, such as public health and psychology, but also broaden them by incorporating mental health perspectives from sociology, religious studies, and the performing arts. At the same time, the HEARTS Project uses a intercultural approach to better understand the needs of vulnerable groups, such as those belonging to a social minority group. Lastly, this project and study are framed under the Okanagan Charter: An International Charter for Health Promoting Universities & Colleges (2015) and the International Union for Health Promotion and Education (IUHPE; 2016) core competencies and standards for health promotion. Considering all this, we will now explore how these intersecting research fields can be combined to garner a comprehensive understanding of the mental health needs of higher education communities.

Factors Associated with Mental Health Disorders in Higher Education

Mental health promotion interventions in higher education must consider and, where possible, mitigate factors contributing to the high prevalence of mental health disorders on university campuses. To effectively address the mental health crisis within this population, it is crucial to understand the underlying risk factors that predispose students and staff to mental health challenges.

Psychological & Social Factors

A systematic review and meta-analysis conducted by Sheldon and colleagues (2021) identified several key factors associated with an increased likelihood of developing mental disorders. Some risk factors include a history of mental illness (personal or familial), social isolation, lack of social support, additional life stress unrelated to university, financial difficulties, academic pressure, and poor physical health and lifestyle (e.g., decreased physical activity and increased alcohol consumption). Additionally, individual factors like negative self-beliefs, poor perceived health, certain personality traits (e.g., pessimism), and maladaptive coping mechanisms (e.g., rumination and suppressed anger) can heighten the risk of mental health issues. However, it is essential to recognize that students and staff are not all equally vulnerable; these risk factors often intersect with additional sources of stress, making some more susceptible to mental health disorders than others.

Stigma, Discrimination & Minority Stress

One consistent and significant determinant of mental health in higher education is belonging to marginalized socio-demographic groups. Characteristics such as gender, functional diversity, racial and ethnic minority status, and LGBTQ+ identities have been associated with an increase in the risk of mental distress (Sheldon et al., 2021). This heightened risk is not due to an inherent predisposition but rather to the unique stressors these groups face, namely stigma and discrimination based on their marginalized identities (Riva et al., 2024). Known as minority stress, this phenomenon helps explain why those belonging to these demographics often report worse mental health outcomes in university settings compared to their non-minority counterparts (Becerra et al., 2023). Likewise, these groups have historically been underserved and mistreated in healthcare settings, leading some members to avoid or be skeptical of them and reluctant to seek treatment (Arday, 2022).

Mental Health Literacy, Stigma & Barriers to Care

Another significant factor is mental health literacy, which encompasses knowledge, attitudes, and beliefs about mental health (Furnham & Swami, 2018). While those in higher education often recognize the signs of mental health disorders and may be aware of their own symptoms, this awareness does not always lead to help-seeking behavior (Reavley et al., 2012). The stigma surrounding mental health, as well as dismissive attitudes (e.g., "it's not that bad", "everyone is going through something similar") can prevent individuals from seeking necessary support (Storrie et al., 2010). Barriers such as limited access to mental health services, the cost of treatment, and a lack of professionals trained to address the diverse needs of minority groups further exacerbate the problem (Arday, 2022; Hyseni Duraku et al., 2023).

Spiritual/Religious Beliefs & Grief

Spiritual, religious, and belief-related factors also play a role in the mental health of higher education communities, especially after the COVID-19 pandemic (Bentzen, 2021). Beliefs and religiosity are crucial in mitigating complicated grief by helping individuals find meaning and maintain psychological well-being. Complicated grief, characterized by a prolonged and intense form of grief that impedes healing, can significantly impact daily functioning (Monk et al., 2006).

Grief among higher education communities is a prevalent issue, deeply affecting their emotional and physical well-being. This demographic is particularly vulnerable due to the transitional nature of college life, which involves significant changes and stressors. College students, as well as university staff, may face various types of losses, including the death of a loved one or a pet, the end of significant relationships, and other non-death losses that disrupt their sense of normalcy and connection (Sirrine et al., 2023). These losses can lead to significant academic and personal distress.

At the same time, feeling lost, uncertainty, loss of control, grief (e.g., homesickness, bereavement), and struggles to find meaning and purpose in life and career are associated with mental distress (Cage et al., 2021; Hammoudi Halat et al., 2023; Mannerström et al., 2024; Shea & Bistricean, 2022). The transitional nature of university spaces can often exacerbate these feelings. Students may grapple with their changing identities as they move from adolescence to adulthood (Cleary et al., 2011), while graduate students and staff may face uncertainties about their professional futures (Evans et al., 2018; Urbina-Garcia, 2020). Despite their prevalence, spiritual and grief-related factors are deeply understudied.

Understanding and addressing these risk factors is essential, significantly, as we recognize that mental health, both within and beyond higher education, is a critical public health issue. Addressing this issue requires not only the treatment of mental illness but also the promotion of psychological well-being in higher education environments.

Mental Health Promotion

Mental health promotion aims to enhance psychological well-being, prevent mental disorders, and create supportive environments that empower individuals and communities to thrive emotionally and mentally. However, our understanding of "treatment," "illness," and even "health" has evolved significantly, particularly in recent decades. Recognizing this evolution is essential for understanding how health, particularly mental health, is now viewed not merely as an individual biological construct but as one deeply influenced by our psychosocial, cultural, and environmental realities.

Origins and Evolution

Cosmacini (1997) posits in his work The Long Art: The History of Medicine from Antiquity to the Present that in ancient times, healing practices were holistic, integrating medicine, spirituality, and ritual into a unified body of knowledge aimed at the salus, or the comprehensive healing of humankind.

However, for centuries, according to Cosmacini, health became narrowly defined as the absence of illness, with medicine focusing solely on the physical body. Despite the persistence of this biomedical model in many global health systems and the basic training of healthcare professionals, the challenge to the Cartesian dualism of mind and body in the late 19th century, along with the emergence of social sciences (anthropology, sociology, psychology, and new pedagogy), reinvigorated the role of culture in shaping human experience, setting the stage for a paradigm shift in medicine. By the early 20th century, this paradigm shift brought increased attention in medicine, sociology, anthropology, and the nascent field of psychology to how people's health and healthcare in general were influenced by society and culture. In 1977, U.S. psychiatrist Engel challenged the biomedical model by proposing a biopsychosocial approach that underscores the crucial role of psychological and social factors in health.

In parallel with scientific developments, the World Health Organization (1946) has gradually embraced a broader concept of health, as articulated in its foundational charter defining it as:

> *"(…) a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States (p. 1)."*

This declaration emphasizes that the highest standard of health is a fundamental human right. It highlights the interdependence of health, peace, and security, laying the groundwork for subsequent declarations on health promotion, intersectoral approaches to health and health policies (World Health Organization, 2014), and equity (Arcaya et al., 2015). The 1986 WHO Ottawa Charter further clarified the concept of health as a dynamic state influenced by various factors. It emphasized that, alongside unmodifiable factors (e.g., genetic predispositions), many health determinants are modifiable (e.g., health-related behaviors and psychosocial factors), allowing for preventative and therapeutic interventions. In fact, in recent years, increasing health research has been developed on social determinants of health (World Health Organisation [WHO], 2023), such as gender, ethnicity, place of birth, or the socioeconomic status of the family in which one grows up, which are conditioned by the political, economic, social and cultural systems (WHO, 2023).The focus shifted to "health resources," which can be mobilized at both individual and socio-environmental levels. Individual-level interventions often involve strengthening knowledge and "healthcare capacity" (e.g., empowerment; Laverack, 2018) and developing processes that enable individuals to gain greater control over their health (World Health Organization, 1986). At the socio-environmental level, interventions promote the creation of "healthcare opportunities" based on a bottom-up approach generated by the community and integrated into local traditions ("Shaping the Future of Health Promotion: Priorities for Action," 2008). This paradigm shift is pivotal: it moves the focus from treating disease to emphasizing health education and promotion, transitioning from a biomedical approach to a "salutogenic" approach that effectively addresses the determinants of health.

The salutogenic model was developed by Antonovsky (1996) to center the idea that health exists on a continuum, with individuals constantly moving between health and disease rather than existing in a binary state. At the core of this model is the concept of a sense of coherence or the global orientation that expresses the extent to which a

person perceives life as comprehensible, manageable, and meaningful, enabling them to cope effectively with stress and maintain good health (Sardu et al., 2012). The salutogenic approach to health and health proportion shifted from simply preventing disease to actively enhancing factors that strengthen a person's sense of coherence, empowering individuals to better manage stress and maintain their health.

To effectively promote health today, it is essential to address the full spectrum of factors that influence it, including biological, psychological, and social dimensions within daily life (Barry, 2019). Modern strategies emphasize the need for population-level approaches that extend beyond individual clinical care, advocating for comprehensive efforts in promotion, prevention, treatment, and recovery (Purtle et al., 2019). As a vital component of overall health, mental health promotion now focuses on strengthening protective factors, improving access to resources, and addressing the social and structural determinants that shape mental health outcomes (International Union for Health Promotion and Education, 2021). This approach enables public health strategies to effectively promote mental health within individuals, families, and communities, including in higher education settings (World Health Organization, 2005). A notable example is Health Promoting Universities, framed under a salutogenic approach that aims to foster the health and well-being of those in higher education.

Higher Education & Mental Health Promotion

Health Promoting Universities interventions aim for higher education institutions to adopt a whole-system approach to foster environments and cultures that promote health (mental and physical), well-being, and resilience (Dooris et al., 2022). This method aims to enhance a sense of coherence among students and staff since this has been associated with improving their overall mental health (Mato & Tsukasaki, 2019). Dooris and colleagues (2022) outline that these interventions focus on three primary areas. First, they aim to create healthy and sustainable environments. This includes designing campuses prioritizing health and implementing policies promoting a positive work-life balance and a supportive academic culture. Second, Health Promoting Universities integrate health into the university's core activities, entrenching these themes into all university-related activities (e.g., curricula, teaching, research) to ensure that health promotion is a fundamental aspect of the educational experience. Lastly, interventions such as Health Promoting Universities should engage with their broader communities to contribute to positive health outcomes and sustainability. For instance, Health Promoting Universities often engage with participatory research, promote volunteering and outreach activities, and partner with local community centers and associations. Such engagement ensures that the benefits of health promotion extend beyond the university, fostering a broader impact on society.

Health promotion values like those discussed in the previous sections underpin the whole-system approach of Health Promoting Universities. It involves both top-down leadership and bottom-up stakeholder engagement, ensuring that initiatives are well-supported and inclusive (Dooris, 2009). This approach balances addressing immediate health needs (i.e., pathogenic focus) with the strengths and assets of the university community (i.e., salutogenic focus; Dooris et al., 2022). The result is an environment that not only provides high-quality education and research but also fosters personal responsibility for health and a commitment to social and environmental responsibility. One of the challenges of this approach is garnering high-quality data and evaluating the effectiveness of these widespread strategies among higher education communities (Dooris, 2006). However, the available evidence suggests that these setting-based interventions for mental health promotion for students and staff may be promising (Fernandez et al.,

2016). Therefore, by adopting and implementing the principles of salutogenesis and Health Promoting Universities, higher education institutions can potentially significantly enhance their students' and staff's health and well-being.
While the salutogenic approach and initiatives like Health Promoting Universities offer valuable frameworks for enhancing mental health, translating these concepts into actionable strategies can be challenging. Therefore, incorporating diverse, interdisciplinary perspectives on mental health can offer valuable insights, making the core elements of the salutogenic approach (such as a sense of coherence) more tangible and relatable. By integrating these diverse perspectives into health promotion efforts, universities can address social determinants of health more effectively, fostering a more resilient and empowered community. This not only strengthens mental health promotion strategies within higher education but also supports the holistic development of students and staff, ultimately contributing to the broader goals of Health Promoting Universities in cultivating overall health and well-being.

Mental Health Promotion Approaches in Higher Education

As we saw in the last section, mental health promotion strategies have proven successful in higher education environments when grounded in salutogenic approaches. Most mental health promotion initiatives in higher education focus on prevention and early intervention, often through psychoeducation (e.g., seminars on managing anxiety and stress) or skill-based training (e.g., mindfulness workshops) for both students and staff (Conley et al., 2015; Fernandez et al., 2016; Winzer et al., 2018). While these strategies are undeniably valuable, it is essential for health promotion strategies and professionals to recognize that human beings and their health encompass more than their thoughts and behaviors.

Studies have identified several core social factors that are essential for recovery from mental health difficulties: empowerment and regaining control over one's life, restoring positive personal and social identities despite stigma and discrimination, fostering connectedness and social inclusion, nurturing hope for the future, and finding meaning and purpose in life (Tew et al., 2012). Effective health promotion strategies in higher education should aim to cultivate these factors to enhance the mental health of university students and staff. However, achieving this requires more than just promoting specific skills or raising awareness; it necessitates comprehensive and interdisciplinary approaches. In the following sections, we will explore how the arts (i.e., the performing arts and theatre), spirituality (i.e., religious, and spiritual beliefs), and interculturality (i.e., intercultural sensitivity and competencies) can play a vital role in mitigating mental health risk factors, fostering positive mental health outcomes, and preventing trauma within the higher education community.

The Arts, the Spirit & Interculturality on Mental Health

COVID-19 has clearly demonstrated how a life of relationships and active cultural participation is essential to the psychosocial and physical well-being of people and communities. Given that they are eminently social and symbolic animals, human beings need to express themselves and create and experience meanings through actions involving other human beings and interacting with the environment in which they live. The pandemic has had a significant negative impact on the health of the disadvantaged and vulnerable (Bambra et al., 2020), for whom the lack of opportunities and access to social and cultural resources is greater (Bavel et al., 2020). It also had adverse consequences for the youths' mental health (Dewa et al., 2024). Nevertheless, the COVID-19 pandemic and social

isolation helped many rediscover the potential of creating cultural, social, and spiritual spaces as health-promoting strategies.

Theatre & Mental Health

The connection between art, particularly theatre, and health has its roots in antiquity. Notably, Hippocrates was among the first to advocate for the therapeutic use of theater, inviting his patients to treat themselves with a vision of tragedy and comedy (Cosmacini, 1997). However, in the centuries following Hippocrates and its school, the integration of art and care diminished. It wasn't until the early 20th century that the pathogenic approach to health was being questioned by what some called in the social and medical sciences "the human factor". This "human factor" encompassed not only growing attention towards the interplay between healthcare, society, and culture but also the rising ethical and political engagement of the arts and culture with the well-being of individuals and communities.

Thanks to psychological and anthropological contributions, the role of the symbolic dimension in the system of human experience has become increasingly evident: human beings experience reality firsthand, they relate to themselves and others, they feel, think, and communicate through symbols, and these symbols are mainly of a cultural nature. The birth of art therapy, psychodramas (Moreno, 1946, 1980), and the subsequent drama therapy find their roots in the symbolic dimension offered by art in the process of healing human beings (Jennings, 1992, 1997).
This focus on the cultural and symbolic dimensions of human experience is also evident in educational theory, beginning with the innovative pedagogy of Maria Montessori, which centers on the child (Standing, 1998). From the 1950s to the 1960s, in the wake of Vygotsky's (1972) theories, which were the first to highlight the role of play in cognitive learning, and through Piaget's (1972) research on play in childhood development, significant advancements were made in understanding the psycho-pedagogical role of play in children (Bruner et al., 1981; Winnicott, 1974). In the United States, Italy, and Europe, pedagogical practices emerged that prioritized the value of play and physical development through movement, freedom, and play as central to childhood education and well-being. Philosophical research on play, starting with Huizinga (2002), demonstrates that the spirit of play is fundamental to the cultural development of societies and is key to individuals' moral and intellectual evolution. Play is seen as complex, involving a balance of limits, freedom, and creativity, where rules are defined by pleasure and spontaneity. These dynamic trains individuals "for life" by encouraging overcoming obstacles, self-mastery, risk-taking, and calculated prudence—all of which are essential educational elements (Caillois, 1981, 2001). Theater, through its symbolic and dramaturgical dimensions, facilitates childhood learning by fostering abstract thinking and enabling the reprocessing of experiences, including traumatic ones. As a collective activity, theater is also inherently playful, simultaneously activating emotional, cognitive, and social elements (Gray, 2015). Therefore, play serves as an effective method for cultivating life skills (World Health Organization, 1994), such as empathy, relational skills, problem-solving, and effective communication, which are foundational for sound educational development within both individuals and peer groups.

Contemporary theatrical practices focused on well-being and health trace their origins to the 20th-century theatre revolution. Early pioneers like Copeau and other master pedagogues of the early 1900s were among the first to emphasize the ethical dimensions of theatre, its communal role, and its potential to build connections across different cultures (Cruciani, 1971, 1985; Maravic, 2012). They also developed a repertoire of psychophysical and

relational practices that serve as the foundation for many techniques used in theatre and health practices today. In the 1950s, and more prominently during the 1960s and 1970s, a theatre movement emerged comprising artists, intellectuals, and educators who sought to move beyond traditional theatre spaces and commercial production models (De Marinis, 1983). This movement aimed to engage citizens in processes of social and political exchange, sparking initiatives such as theatre animation in France and Italy, and community-based theatre in Anglo-Saxon countries and South America, drawing in disadvantaged groups with social and political, rather than therapeutic, objectives (Boal, 1979; Freire, 1978).

Through more contemporary understandings of health and health promotion, namely the salutogenic approach, artistic practices are increasingly recognized for their ability to influence the social (Allen & Allen, 2015; Cooper, 1999) and cultural (Abel, 2007, 2008) determinants of health. For example, social capital (i.e., the social resources available to individuals or communities; Putnam, 2000) positively correlates with well-being and life expectancy (Hyyppä & Mäki, 2003). Research has also demonstrated a correlation between cultural capital (Throsby, 1999), participation in cultural activities, subjective well-being (Grossi et al., 2011), and life expectancy (Bygren et al., 1996; Johansson, 2001).

A significant milestone in research on the impact of culture and art on health was achieved with a comprehensive review of global literature over the past two decades (Fancourt & Finn, 2019). This review affirms the contribution of the arts to mental and physical health across four domains: prevention, promotion, management, and treatment, and calls for these findings to inform health policies. The review highlights the health benefits of active participation in and passive consumption of various art forms (e.g., performing arts, visual arts, literature, culture, and digital arts). The effectiveness of artistic practices is attributed to their holistic perspective, multimodal nature, and capacity to link individual health with the broader social context.

Theatre is increasingly recognized as an effective practice for addressing pressing health challenges, such as healthy aging and the mental health of older adults, as well as for health education, social inclusion, and the training of health personnel (Matricoti, 2010; Rossi Ghiglione, 2020). The positive impact of theatre on health outcomes and its contribution to individual and social health is evident in its ability to enhance life skills (e.g., empathy, effective communication, emotion management, and collaboration; World Health Organization, 1994) and cognitive skills. Additionally, theatre and the performing arts can foster social value, strengthen the mind-body connection, promote the inclusion and acceptance of diversity, encourage ethical reflection, and support the development of resilience and stress management (Daykin et al., 2021; Fancourt & Finn, 2019).

Today, social and community theatre (Bernardi, 2004; Pontremoli, 2015; Rossi Ghiglione, 2019b) is widely recognized within the community-based arts and applied theatre fields (Prendergast et al., 2024) its role in enhancing the psychosocial well-being of individuals and communities, particularly in emergency contexts (Schininà & Rossi Ghiglione, 2019). Likewise, interventions using theatre and other forms of the performing arts have been shown to reduce mental health stigma among young people, lower the risk of suicide, and improve individuals' sense of efficacy, self-awareness, and soft skills (Davico et al., 2022; Gaiha et al., 2021; Orkibi et al., 2023).

Theatre and the performing arts are powerful tools in addressing the mental health crisis within higher education. Their potential impact is significantly enhanced when integrated into community-level mental health promotion strategies and aligned with established health promotion guidelines. Theatre not only stands as a potent force on its own but also serves as a valuable complement to other health promotion approaches, such as trauma prevention, intercultural sensitivity, and spiritual or religious practices. By doing so, it helps to alleviate the stressors that contribute to mental health disorders and psychological distress.

Spiritual and Religious Beliefs & Mental Health

Spiritual and religious beliefs can also serve as protective factors against mental health disorders. They can help mitigate common risk factors found in higher education communities, especially after the COVID-19 pandemic, such as complicated grief, bereavement, and loss of control (Aggarwal et al., 2023; Hai et al., 2018; Sirrine et al., 2023b). Studies have shown that strong religious beliefs can provide an effective way to cope with distress and loss, helping people find meaning and sustain psychological well-being (Burris et al., 2009; Feldman et al., 2016). Consistent religious beliefs are associated with reduced mental health issues and less complicated grief following trauma. For example, the belief in an afterlife has been found to reduce death anxiety and complicated grief symptoms, indicating that specific aspects of religiosity can be protective factors (Snively, 2024). However, the relationship between religious beliefs and grief is complex. Not all studies uniformly support the notion that religiosity directly reduces grief intensity. The effectiveness of religious beliefs in coping with grief can vary based on the individual's depth of belief and the specific religious doctrines they adhere to. Some findings suggest that while religious beliefs can help cope with distress and the immediate impacts of loss, their long-term efficacy in reducing complicated grief and the likelihood of developing mental health disorders requires further investigation (Burris et al., 2009; Feldman et al., 2016)

Recognizing concerns about the meaning of life, their purpose, and non-death losses as valid causes of grief is essential for providing adequate support to members of the higher education community. Emotional support through open communication about these fears and losses can alleviate distress; however, there is a gap in the support systems available, as many people do not discuss their grief with counselors or other people at university (Hirn, 2021). The role of spirituality in coping with mental distress and grief is significant. Higher levels of spirituality are associated with more positive reappraisal and less avoidance behavior, suggesting that spirituality can be a protective factor in managing mental distress and grief. Educators and mental health practitioners in higher education need to recognize the profound impact of these losses and initiate supportive conversations and strategies to effectively address the emotional needs of students and staff. It is also about acknowledging the diverse ways people make meaning in their lives, process loss, and look for ways to find purpose.

Interculturality & Mental Health

Interculturality, intercultural sensitivity, and intercultural competency training are crucial for addressing the diverse needs of university students and staff (e.g., those with an international, migrant, or refugee background, LGBTQ+, religious minorities, ethnic or racial minorities), especially within an increasingly globalized academic environment. Research highlights the importance and host of potential benefits of developing intercultural competency to foster social inclusion, enhance academic success, and deliver effective mental health services in higher education (Galea & Galea, 2023; Sakız & Jencius, 2024). At the same time, studies have warned that barriers such as lack of accessibility,

stigmatization, and exclusion can undermine social connectedness and a sense of belonging, potentially leading to increased social isolation (Taff & Clifton, 2022). Additionally, insufficient cultural competency among staff has been linked to inadequate mental health services for diverse students, further marginalizing historically oppressed groups and exacerbating mental distress (Arday, 2022; Riva et al., 2024). Consequently, initiatives that promote cultural awareness and sensitivity can significantly improve social connections, reduce polarization, positively impact overall mental well-being, and even open discussions about contentious topics within the higher education community (Daddow et al., 2020).

Intercultural sensitivity is also crucial in addressing feelings of loss, grief, and uncertainty within diverse higher education populations. Cultural practices around mourning and grief expression can vary significantly, affecting how students and staff cope with loss and seek support. Understanding and respecting these cultural differences is vital for creating an inclusive and supportive environment. For instance, certain cultural traditions may involve extended mourning periods or specific rituals that conflict with university policies, posing additional challenges for grieving students (Schwartzberg & Janoff-Bulman, 1991). Student affairs professionals must be equipped to accommodate these cultural practices and provide tailored support that respects students' cultural backgrounds. This may involve offering flexibility in academic requirements, providing spaces for cultural rituals, and ensuring that support services are culturally sensitive (Tan & Andriessen, 2021). Moreover, recognizing the diverse expressions of grief and creating a campus culture that respects and values these differences can significantly enhance the well-being of all university members. Incorporating cultural awareness into faculty and staff training is essential to ensure they are prepared to effectively support students from various cultural backgrounds (Schwartzberg & Janoff-Bulman, 1991).

Effective trauma prevention in higher education also should involve a multifaceted and intercultural approach that includes training, support, and ongoing research. Ongoing training and professional development in mental health support, health promotion, grief, loss, and trauma-informed care for faculty and staff are essential to ensure they are well-prepared to assist those in need (Arday, 2022; Payne, 2022; Riva et al., 2024). For instance, some of these types of training can include conferences, webinars, and specialized workshops that provide insights into the latest research and best practices for supporting grieving students (Tan & Andriessen, 2021). Institutions should also continuously evaluate and improve their health promotion strategies, support strategies, and bereavement protocols. To do so, this will involve regularly assessing the effectiveness of existing support systems and making necessary adjustments to meet the evolving needs of the higher education community (Hirn, 2021).

Interdisciplinarity & Mental Health Promotion

Effective mental health promotion in higher education necessitates a multifaceted approach that addresses both individual and systemic needs, aligning with a salutogenic perspective that emphasizes the creation of supportive environments and the development of personal resources for well-being. By combining these approaches—arts, spirituality, and interculturality—higher education institutions can build a comprehensive support system that not only promotes mental health but also allows the possibility to enhance social and emotional resilience. It is crucial for health promotion initiatives, such as the HEARTS Project, to extend beyond addressing immediate mental health needs and focus on developing long-term capacities for overcoming stress and difficulties in life. By doing so, higher education institutions can ensure that students and staff are well-equipped to navigate and thrive amidst the complexities of academic life and beyond, promoting resilience.

Social and Emotional Resilience

Resilience may be defined as the process and capacity to recover quickly from difficulties, adapt positively, and continue to grow and thrive despite adversity. This aspect is largely recognized as a critical factor in mental health. More specifically, social, and emotional resilience have, in fact, long been established as effective strategies for enhancing mental well-being, mainly due to the diverse methods by which people respond to stress in response to competing environmental stressors (Rutter, 2012). As resilience is a multifaceted concept involving emotional, cognitive, and behavioral components, according to Masten (2014), resilience can be understood as the process of adapting well in the face of adversity, trauma, or significant sources of stress. This adaptation process is facilitated by various protective factors, including social support, positive emotions, and coping strategies (Rutter, 2012). The ecological perspective on resilience (Ungar, 2012) underlines how the goodness of fit between the individual and the feature of the ecology promotes positive adjustment in the face of adverse circumstances. It shifts our perception of resilience from an individual concept to a more socially embedded understanding of well-being. Such a broader understanding of resilience is more likely to lead to interpretive models of resilience that explain how individuals navigate through adverse environments (Ungar, 2012).

In the following section, we will explore the various methodologies and their contributions to mental health promotion, incorporating findings from recent studies on mental health in higher education institutions.

Social Resilience Methodologies

Social resilience refers to the ability of individuals to draw strength from their social networks to withstand and recover from stress whilst continuing to grow and thrive. One of the main methodologies for promoting social resilience is the multisystemic approach to resilience (Ungar, 2021). This approach focuses on how the social systems in children's and young peoples' lives may promote the resilience of children and young people living in adversity or challenging circumstances. Schools, families, communities, peer groups, youth organizations, and higher educational institutions may operate as resilience-enhancing systems by facilitating connectedness, caring, inclusion, a sense of community, and a sense of belonging, particularly for those members facing risk in their development. For instance, schools may promote the academic and social resilience of learners at risk by facilitating processes such as connectedness and caring relationships, positive relationships with a teacher/member of staff, active participation in meaningful activities, high expectations, and the development of social and emotional competences (Twum-Antwi et al., 2020).

Another key methodology in enhancing social resilience is the development of strong social support systems. An early study by Cohen and Wills (1985) highlighted that social support acts as a buffer against the effects of stress, thereby promoting mental health. Interventions aimed at building social networks, such as community engagement programs and peer support groups, have shown significant positive outcomes in mental health promotion (Berkman et al., 2000). In fact, a scoping review of the individual- and group-level network-building interventions to address social isolation and loneliness during COVID-19 found that the use of digital platforms and social media was a valuable tool for maintaining and building social networks, especially during times of social distancing (Yousefi Nooraie et al., 2021). These interventions were found to be complementary to the various forms of peer support,

community engagement programs, and activities designed to foster social connections. Furthermore, interventions that considered cultural appropriateness, accessibility, and the provision of ongoing support were found to be far more effective.

Another effective social resilience methodology is mentoring. Rhode and colleagues (2000) suggest that mentoring relationships can provide emotional support, guidance, and role modeling, which are essential for building resilience. These relationships help individuals develop a sense of belonging and self-worth, contributing to better mental health outcomes. Similarly, Keller and colleagues (2020) found that formal youth mentoring programs can help reduce social isolation among young people as they have the added benefit of providing social support, enhancing social skills, and reducing feelings of loneliness and isolation among participants.

Emotional Resilience Methodologies

Over the years, several methods have been developed to enhance emotional resilience, which involves the ability to manage and recover from emotional distress. Mindfulness-based stress reduction is one prominent methodology that has gained empirical support. Kabat-Zinn (1990) developed Mindfulness-based stress reduction to help individuals focus on the present moment and reduce stress through mindfulness practices. Studies have shown that Mindfulness-based stress reduction can significantly reduce symptoms of anxiety and depression, thereby enhancing emotional resilience (Grossman et al., 2004).

Another prominent methodology used in conjunction with Mindfulness-based stress reduction is Cognitive-Behavioral Therapy (CBT). This well-established methodology promotes emotional resilience by addressing negative thought patterns and behaviors. Beck (1976) demonstrated that CBT helps individuals reframe negative thoughts, develop healthier coping mechanisms, and improve emotional regulation. The effectiveness of CBT in reducing symptoms of depression and anxiety has been well-documented, highlighting its role in fostering emotional resilience (Hofmann et al., 2012).

Another major methodology used to promote the resilience of children and young people is social and emotional learning, where students learn to successfully navigate the challenges, they are facing in their lives by developing self-awareness, a positive self-identity, emotional regulation, identification, and using one's strengths and assets, problem-solving, persistence, sense of optimism, and growth mindset, amongst others (Fritz et al., 2018). Various evidence-based programs have been developed to promote the resilience of children and young people, such as FRIENDS, Early Years, Zippy's Friends, and recent EU-funded programs such as PROMEHS (Cavioni et al., 2023; Cefai, Camilleri, et al., 2022) and RESCUR Surfing the Waves (Cefai, Miljević-Riđički, et al., 2022).

A meta-analysis conducted by Liu and colleagues (2020) looking at interventions aimed at increasing resilience found that the most effective components of interventions included cognitive-behavioral techniques, mindfulness and relaxation, and social support. They concluded that future interventions should incorporate a combination of cognitive-behavioral techniques, mindfulness practices, and social support to maximize their effectiveness. According to Liu and colleagues (2020), these interventions should be idiosyncratically adapted to the needs of the population to maximize the impact of the intervention.

Contribution of Resilience Methodologies to Mental Health Promotion

The integration of social and emotional resilience methodologies has profound implications for mental health promotion. By enhancing social support and emotional regulation, these methodologies contribute to a more holistic approach to mental health care, such as the ones depicted by the salutogenic approach, by enhancing people's sense of coherence (Koushede & Donovan, 2022). The salutogenic method emphasizes the importance of social support networks and community engagement in building resilience. Salutogenesis is not just about the individual but promotes a community-based approach by involving the entire community in health promotion activities to create a supportive environment that fosters mental well-being (Koushede & Donovan, 2022). This perspective aligns with the recent multisystemic approach to resilience (Ungar, 2021), which underlines the key roles of the positive interactions between the systems operating in people's lives. It includes programs and initiatives that promote social connections, reduce stigma, and enhance access to mental health resources. The overall benefits of the salutogenic approaches are purported to improve mental health outcomes, such as reduced anxiety, depression, and stress, and enhance overall community resilience, enabling communities to better cope with challenges and adversities (Koushede & Donovan, 2022). This same approach is being promoted in European higher education institutions as a means to improve the mental well-being of students and staff alike.

Resilience and Mental Well-being in Higher Education

In light of the COVID-19 pandemic and other global stressors, higher education institutions have been urged to adopt holistic "whole-institution" approaches to mental well-being, recognizing that the mental health of staff and students is interconnected (Riva et al., 2024). In line with the multisystemic approach, higher education institutions are called to create supportive environments that foster both social and emotional resilience. These types of environments include implementing comprehensive mental health policies, providing culturally competent counseling services, and promoting mental health literacy among students and staff. For example, embedding mental health and well-being into curricula can increase awareness and equip individuals with the skills needed to manage stress and adversity (Riva et al., 2024). It also seeks to foster an inclusive learning and social environment for both students and staff, a sense of belonging, positive and caring relationships, collaborative learning, a balance between academic performance, and a flexible and supportive learning environment that also addresses the social and emotional needs of students, and peer and staff mentoring amongst others (Cefai, 2023).

Social and emotional resilience methodologies are crucial in mental health promotion in higher education contexts. Social support systems, caring and supportive relationships, mentoring, Mindfulness-based stress reduction, social and emotional learning, and CBT are effective strategies that enhance resilience and contribute to better mental health outcomes. The integration of these methodologies in various settings, such as communities, schools, and higher education institutions, offers a comprehensive approach to fostering mental well-being.

Resilience Methodologies & Interdisciplinary Mental Health Promotion

To help address the mental health crisis in higher education requires a comprehensive approach that combines health promotion strategies with social and emotional resilience-building methodologies. By incorporating theatre, spirituality, and interculturality, institutions can make these concepts more tangible, offering students and staff unique avenues for self-expression, coping, and connection. Such diverse strategies can effectively mitigate risk

factors for mental health and provide long-term tools for navigating academic life and beyond. However, these approaches used by the HEARTS Project can be ambitious and challenging to carry out successfully, especially when developed for various cultural contexts. Therefore, the HEARTS Project must be framed within robust guidelines that allow for careful design, implementation, and evaluation. The frameworks outlined by the International Union for Health Promotion and Education (IUHPE) offer a structured path to ensure these initiatives are both impactful and sustainable.

IUHPE Competencies & Frameworks for Mental Health Promotion

The International Union for Health Promotion and Education, or IUHPE, has operated an accreditation system for health promotion curricula (university courses) and health promotion professionals since 2016. The foundation for this system is the IUHPE (2016) Core Health Promotion Competency framework.

The IUHPE Health Promotion Accreditation System builds on internationally agreed Health and Health Promotion definitions as defined by the World Health Organization (n.d.) Charters and Declarations on Health Promotion. This system also builds on international experience and research in competency-based approaches to Health Promotion, including the Galway Conference Consensus Statement on Domains of Core Competency, Standards and Quality Assurance for Building Global Capacity in Health Promotion (Allegrante et al., 2009) and the CompHP Project (Barry et al., 2012), and other competency frameworks developed globally.

The IUHPE Accreditation System establishes clear standards for the training of health promotion professionals and health promotion practice while recognizing the unique set of competencies that health promotion practitioners deploy in their practice. Other aims are to foster a common understanding of health promotion across different contexts while allowing for local adaptation and facilitating the mobility of the health promotion workforce. Several universities in Australia, Ireland, Italy, Canada, Estonia, Finland, France, Georgia, the Netherlands, and the United Kingdom have gained accreditation for their Bachelor's, Master's, or equivalent courses in their respective countries. This contributes to the coherence of higher education programs with a health promotion focus.

Hundreds of health promotion professionals have also been registered through the IUHPE Accreditation System meaning that these professionals rely on health promotion knowledge and values, and exercise the core competencies of health promotion, in their day-to-day work and/or interventions in a range of settings. While not all professionals involved in mental health promotion work in university settings will be registered with IUHPE, the competencies and knowledge base can be used as a guide for mental health promotion initiatives like the HEARTS Project.

Promoting Mental Health & the HEARTS Project

In the context of the HEARTS Project, the IUHPE (2016) Health Promotion Competency Framework can inform the development of the HEARTS activity guide as well as the training on how these activities are to be delivered by university staff. An understanding of the competencies exercised in the context of health promotion interventions will enhance their quality and, ultimately, their impact on students. For example, one of the competency domains included in the framework is to enable change by enabling " (…) individuals, groups, communities, and

organizations to build capacity for health-promoting action to improve health and reduce health inequities (p. 10)"; this explicitly calls on knowledge about settings-based approaches (in the case of the HEARTS Project, universities), and skills such as working in collaboration and the ability to work with individuals of various geographies and cultures.

Interventions and activities implemented in the context of the HEARTS Project to respond to student needs in trauma-informed ways must also draw on several ethical principles of health promotion identified in the IUHPE Health Promotion Competencies framework, such as valuing diversity, reflecting on one's own behavior and practice is such contexts, and not causing harm. For instance, to develop and implement interventions in ways that do not further harm students who are already suffering the effects of trauma or do not contribute inadvertently to any further stigmatization of those who have been excluded, socially marginalized, or experienced poverty.

The HEARTS Project will also allow the application of specific mental health promotion knowledge competencies, as elaborated in a document by the IUHPE (2022) Global Working Group on Mental Health Promotion. This document is to be used in complementarity with the broader competency framework. It makes explicit reference, for example, to the concepts of mental health equity, social justice, and mental health as a human right, as outlined in the United Nations human rights framework and acknowledging and respecting different cultural understandings and Indigenous concepts of mental health and their implications for mental health promotion action. These items are also compatible with other frameworks specific to university settings, including the Okanagan Charter for Health Promoting Universities (2015), and with approaches such as trauma-informed education (e.g., Tranter et al., 2023) as applied to higher education.

HEARTS
PROMOTING MENTAL HEALTH TOGETHER

The HEARTS Project Foundation Bricks Report

The HEARTS Project: Foundation Bricks Report

Aligned with the **IUHPE Health Promotion Competency Framework**, the initial stage of the HEARTS Project involved creating a foundational report to understand the mental health needs of university students and staff across The University Autonomous of Barcelona, Iscte, University of Turin, University of Cagliari, and the University of Malta. This needs assessment incorporated principles from health promotion, social and resilience methodologies, and interdisciplinary approaches, including the performing arts, sociological perspectives on spirituality and religion, and intercultural competencies. For this foundational report, we conducted cross-sectional surveys, semi-structured interviews, and mapped the mental health services and promotion strategies at each of the five European higher education institutions. These assessments, while open to all students and staff, paid particular attention to gathering insights from those belonging to social minority groups.

Due to its interdisciplinary approach and exploratory nature, the HEARTS Project did not aim to test specific hypotheses but help answer the following research questions:

1. What are the specific mental health needs of students and staff in higher education?
2. What barriers hinder, and what facilitators enhance, the promotion of mental health within higher education communities?
3. Which health promotion strategies are (not) effective in higher education institutions?
4. How do the arts, social connections, spirituality, and interculturality help mental health promotion and coping among university students and staff?
5. How well are the diverse mental health needs of social minority groups within higher education being addressed, and where are the gaps?

The results from these questions and the report will be utilized to develop interdisciplinary mental health promotion strategies at the participating institutions. Additionally, these findings will provide a robust framework for other higher education institutions to conduct similar assessments or adapt the recommendations to their own contexts. The insights gained will also identify the most effective mental health promotion strategies employed by each institution, thereby enhancing current practices, and guiding other institutions in customizing these strategies to fit their unique needs and communities.

HEARTS
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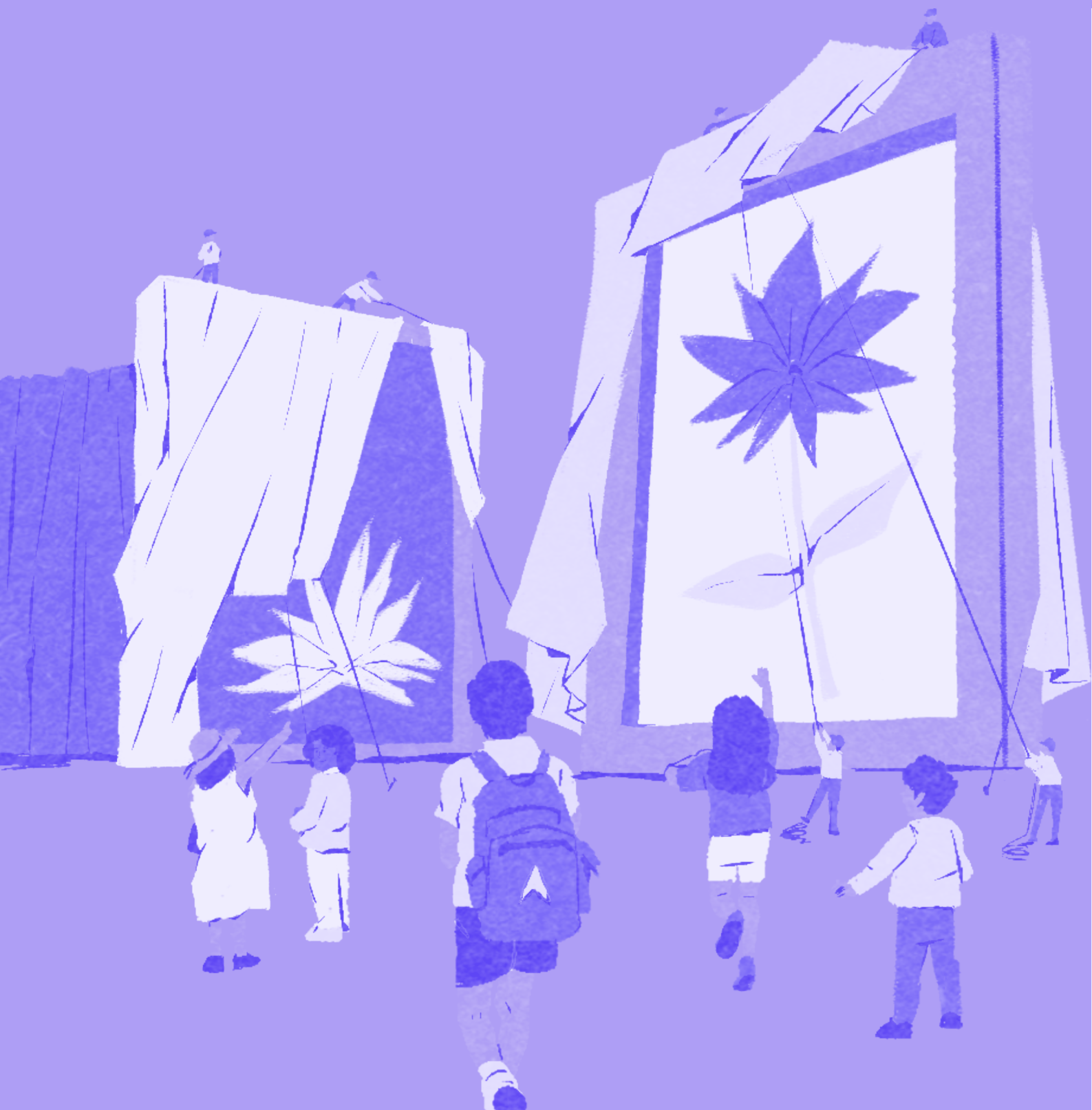
Methods & Results



Methods & Results

In the following section, we will outline the methodology and materials used for the three components of the HEARTS Project needs assessment—surveys, interviews, and mapping of mental health services—conducted across the five participating European higher education institutions. For this needs assessment, university staff includes individuals working in higher education, both in academic and non-academic roles, as well as Ph.D. students. University students are those currently enrolled in a program equivalent to a master's degree or lower that leads to a higher education degree.

Mental Health Service Mapping

The mapping of mental health services across the five higher education universities participating in the HEARTS Project was conducted between February and April 2024. This process involved gathering information from two primary sources. First, each institution conducted secondary research using available reports and internal resources to compile data on their respective services. Second, interviews were conducted with one or more stakeholders directly involved in providing or managing mental health services at each institution. Given the HEARTS Project's interdisciplinary approach to mental health, the scope of this research was intentionally broad, encompassing a wide range of services. These included psychotherapy, counseling, healthcare, social services, trauma support, gender-based violence support, chaplaincy, research observatories or units, international student services, services for students with specific educational needs, sports centers, wellness initiatives, tutoring and speech therapy, among others.

Specifically, 12 interviews were conducted across the participating institutions: six by the University of Turin, two by The University Autonomous of Barcelona, two by the University of Malta, one by Iscte, and one by the University of Cagliari. Stakeholders were selected based on their expertise in mental health services and availability. The interviews were guided by a structured interview protocol (see Appendix A), which focused on assessing the current state of mental health services, identifying barriers to access, exploring alternative mental health strategies, and suggesting potential improvements.

After completing the service mapping, each university drafted a report summarizing its findings. They also identified two best practices based on the collected data. Lastly, each university created a flowchart detailing the services available to students and staff seeking mental health support.

Results

In the following sections, we will provide a comprehensive overview of the mental health services, related facilities, and strategies implemented by each higher education institution participating in the HEARTS Project.

The University Autonomous of Barcelona: Service Mapping

At The University Autonomous of Barcelona, various mental health services and programs are available to the community, catering to students and staff and designed to meet diverse needs (see Figure 1). However, challenges persist, particularly regarding service interconnectivity and awareness. There is no dedicated coordination unit between institutions with formalized processes nor a central service capable of addressing demands and directing users according to their specific needs. Consequently, many students remain unaware of the available support options. Similarly, while staff members may understand how to access personal assistance, they often lack the necessary information to direct students to the appropriate support services.

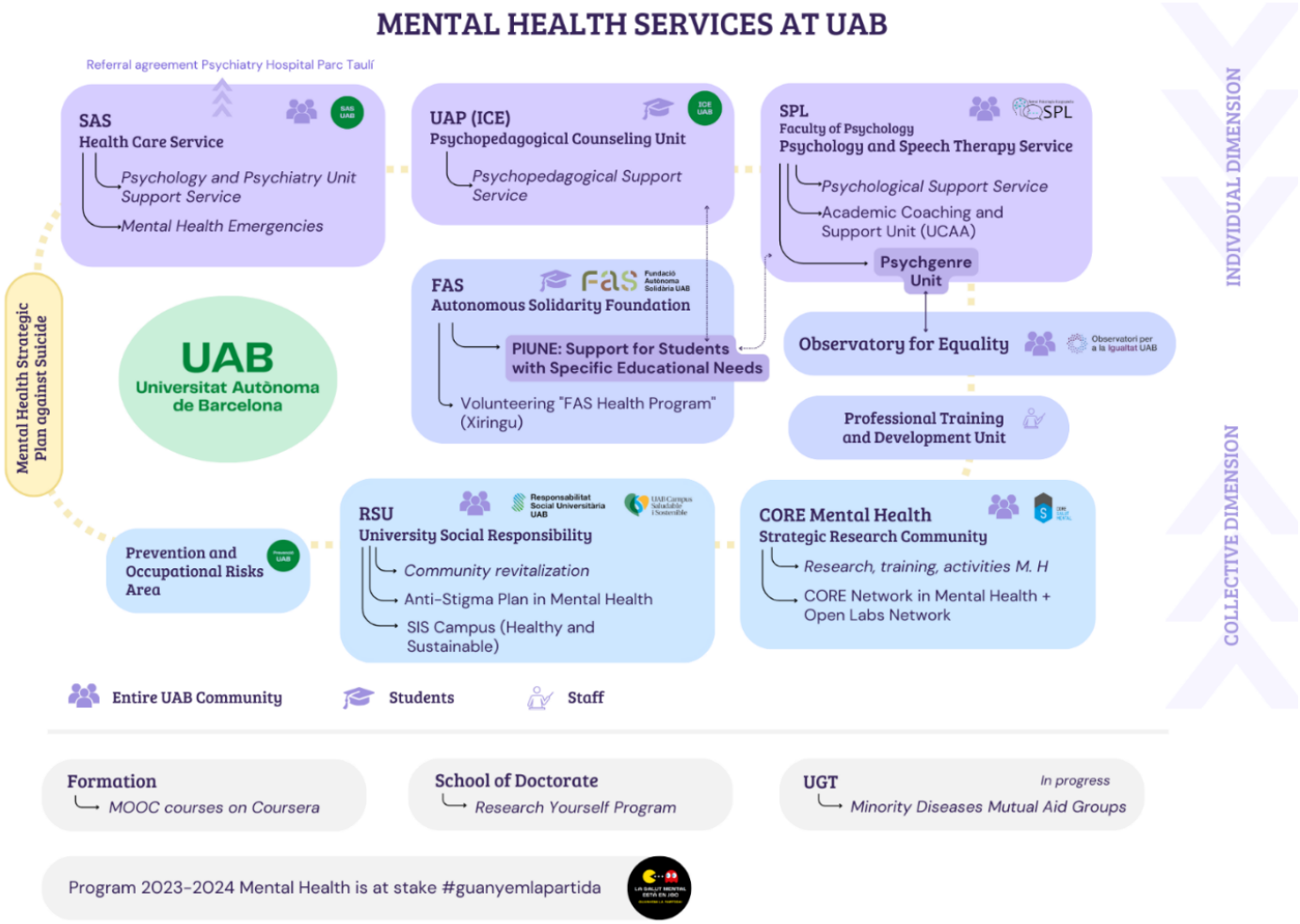


Figure 1. Mapping of the University Autonomous of Barcelona's mental health services

The majority (but not all) of these services are free within the services offered at the university. Among students, those with a diagnosis or pathology detected before entering the university have information about where they should go. At the time of registration for the first year of university, they can provide information about their special needs, and they are referred to the PIUNE (Support for Students with Specific Educational Needs), which is part of the Inclusion Service of The University Autonomous of Barcelona.

Students with needs not detected during the first year or with emotional discomfort that develops during their stay at the university do not know where to turn. They usually turn to teachers who, most of the time, do not know what protocol to follow or where to refer the students. Professors and other workers at the university center generally use the SAS (Health Care Service) service, which is commonly used for medical examinations and includes a Psychology Unit. In this service, though, sessions are limited, and waiting lists can be long.

One of the most relevant mental health services at The University Autonomous of Barcelona is the SPL (Psychology and Speech Therapy Service) from the Faculty of Psychology, which offers sessions with psychologists both from within The University Autonomous of Barcelona and external to the university. This service provides the first visit for free, and subsequent sessions require payment. It also includes the Academic Coaching and Support Unit (UCAA), which offers guidance, professional motivation, and personal development through techniques derived from coaching.

Students can also access the UAP (Psycho-pedagogical Counseling Unit within the Institute of Educational Sciences), which offers services and sessions in psycho-pedagogy and support for individuals with learning difficulties. Students and staff can also contact The University Autonomous of Barcelona's Equality Observatory, especially for issues related to gender and disabilities. The University Autonomous of Barcelona community can also participate in activities and initiatives from a more communal perspective, offered by RSU (University Social Responsibility) and Mental Health CORE (Strategic Research Community). These resources provide other forms of support and health promotion activities related to mental and physical health.

The FAS (Fundació Autònoma Solidària) Salut's Xiringu information point offers advice, information, and debate on health issues to all students on campus. Health Program volunteers and Psychology students staff it.
Apart from this information point, most mental health services at The University Autonomous of Barcelona are promoted through the university's website, student guides, posters, referrals from one service to another, word of mouth among students, newsletters, and social media.

Common Mental Health Needs. The needs expressed vary between students and, mostly, teachers. In the case of students, anxiety is described due to the workload, stress, and, recently and exponentially, difficulty concentrating. Among those detected by professionals among the students are addictions and drug use. Regarding the latter, the university, through the Autonomous Solidarity Foundation (FAS), has generated campaigns to raise awareness about drug use. For staff, while the specific needs are less documented, the assistance they seek often aligns with stress management and workplace well-being. Sometimes, they face challenges with interpersonal relationships within the university, whether within research groups, among colleagues, or between professors and students.

The primary forms of help provided to The University Autonomous of Barcelona community encompass a range of individualized support services. These include the psychological unit of the Health Care Service (SAS), the Psychology and Speech Therapy Service (SPL), and the Psycho-pedagogical Advisory Unit (UAP, which is addressed to students). These services offer tailored support to address diverse mental health and learning disorders.
The PIUNE (Support for Students with Specific Educational Needs) offers a pedagogical unit for assessing educational needs, providing tutoring and individualized follow-up, mediation with faculty, and career guidance and placement.

In addition, The University Autonomous of Barcelona houses the Observatory for Non-Discrimination, which tackles issues of sexism and disability inequalities from an intersectional perspective. This involves advising, training, prevention, and participation initiatives. This service offers a Psychgenre Unit with a reception, counseling, and psychological monitoring service for people who have experienced or are experiencing abusive relationships and gender violence.

On a community level, The University Autonomous of Barcelona promotes mental health through preventive, educational, and wellness initiatives spearheaded by the University Social Responsibility (RSU), the Healthy and Sustainable Campus Program, and the CORE (Strategic Research Community). These initiatives aim to foster a supportive and mentally and physically healthy university environment.

There is no centralized compilation of data on demanders of these services or the people currently attending them. Each service collects its data. There are no annual public activity reports. This makes it challenging to provide an exact number of individuals seeking mental health support. What we have collected has been thanks to the Strategic Research Community (CORE) project in Mental Health, which has gathered data from the Psychology Unit of the Health Care Services (SAS), presented in Table 1.

Table 1. Utilization of the Psychology Unit from the Health Care Services at the University Autonomous of Barcelona

Year	Patients visited	Average (5 years)	Increase from average	Visits	Average visits per patient
2018	342		-3%	1271	3,7
2019	341		-3%	1166	3,4
2020	270	352.8	-19%	718	2,6
2021	375		+13%	1169	3,1
2022	436		+34%	1281	2,9

The data reflects a significant increase, especially in the last two years, in the demand for psychological support.
Among the disorders detected or diagnosed in this unit:

- Adjustment disorders: 31%
- Personality disorders: 23%

- Anxiety disorders: 15%
- Depressive disorders: 3%
- Eating disorders: 4%
- Other: 23%

The University Autonomous of Barcelona conducts health surveys on campus as part of the "Survey on the Healthy and Sustainable Campus for 2018-2022" (2017) framework. This project has strategic lines focusing on community aspects such as physical activity, food, emotional well-being, and responsibility and solidarity values. These surveys lack periodicity, and their results are not made public.

The emerging profile from these mental health surveys primarily consists of women, undergraduate students (from first to last year), and Ph.D. students undergoing significant life changes. No special report on campus specifically targets the pandemic or post-pandemic period. While it's easy to find calls for surveys on mental health from various research groups (both from The University Autonomous of Barcelona and affiliated organizations) published on the website, accessing the survey results or complete reports is not possible. Some data published in local newspapers suggests that "The University Autonomous of Barcelona students experiencing anxiety and stress have tripled in four years," but tracking this data is challenging.

Other Health Services. At The University Autonomous of Barcelona, in addition to the psychological and psycho-pedagogical services, other health services are available for the university community. The Health Care Service (SAS) extends beyond psychological support to include various specialized units: the Primary Care Unit, the Occupational Health Unit, the Gynecology Unit, and the Dentistry Unit. The Health Care Service (SAS) also offers emergency services for immediate health and mental health concerns. Outside the campus, a clinical referral agreement with Parc Taulí Hospital for psychiatric cases provides an avenue for specialized external support.

Within the framework of University Social Responsibility (RSU), University Autonomous of Barcelona promotes the Campus SIS: Healthy and Sustainable Campus Program, which encompasses initiatives aimed at enhancing the health of the university community by fostering healthy lifestyle environments and habits. This program includes a strategic focus on emotional well-being. It involves the creation of free spaces for sports and recreational activities within the campus, as well as walking routes, cultural events, and activities in libraries, among others. The commitment and mission of the community office are to carry out community revitalization activities to promote interpersonal relationships beyond the classrooms. Additionally, we highlight the Anti-Stigma Plan initiative (2020), which aims to combat the stigmatization of mental health issues within The University Autonomous of Barcelona community.

The Strategic Research Community (CORE) is oriented towards mental health challenges (while initially a research entity). It acts as a conduit for inquiries and connections between different institutions regarding mental health. It plays a crucial role by promoting forums and participatory activities within the community members.

The Training and Professional Development Unit at The University Autonomous of Barcelona offers training activities aimed at emotional well-being, stress management, and conflict resolution to staff members. Additionally, these

sessions help identify needs and later integrate them into the training offerings. Additionally, there is an Occupational Risk Prevention service available, focusing on maintaining a safe and healthy work environment for both physical and psychological well-being. Lastly, an incipient Suicide Prevention Plan is being developed, which will likely improve the coordination among currently existing services, although this is still to be implemented.

The Mental Health Needs of Social Minorities. The best-known service at the university for addressing diverse needs is the PIUNE (Support Service for Students with Specific Educational Needs). This service is dedicated to ensuring that students with disabilities or specific educational needs have access to higher education and can fully participate in academic and social activities. It supports students with a range of disabilities, including physical, visual, and auditory disabilities, learning disorders (dyslexia, ADHD...), mental health issues (anxiety, agoraphobia...), and those within the autism spectrum, among others. Teachers receive a series of pedagogical recommendations regarding students with specific educational needs; these include information on students' limitations, methodological suggestions, and assessment procedures. The service also provides individual tutoring and necessary adaptations for assessment tests. A sign language interpreter service is available through the APSO cooperative for students requiring it. Despite its comprehensive mandate, PIUNE (Support Service for Students with Specific Educational Needs) faces challenges such as increased demand and a wider variety of concerns, which has led to a more generalized service approach. This shift has made it challenging to provide detailed follow-up and individualized communication regarding the needs of each student.

The Observatory for Equality and the SPL (Psychology and Speech Therapy Service) assist the entire community in need through the Psychgenre Unit. Psychgenre offers reception, support, counseling, and psychotherapeutic work from a gender-specialized perspective, both individually and in groups, for people who have experienced or are experiencing emotional distress and conflicts (personal and interpersonal), abusive relationships, or micro-aggressions or gender-based violence, including LGBTIQA+ violence. Furthermore, The University Autonomous of Barcelona has also adapted its policies to accommodate transgender and intersex individuals within the community, allowing them to use their chosen names in university documents instead of their legal names.
For specific cases such as blindness, external organizations like ONCE (Organización Nacional de Ciegos Españoles, National Organization of Spanish Blind People) are responsible for providing support in coordination with the relevant university departments or services.

There are no special protocols or services for international students, members of ethnic, social minorities, or religious students. Visiting hours in English have recently been incorporated into the Health Care Service after detecting the arrival of Erasmus students who do not know the local language and require emotional support.

Strengths. The university has a wide variety of spaces and organizations that implement numerous projects that prioritize emotional well-being. Within the Spanish context, it could be considered a leading higher education institution offering mental health and emotional well-being services. A significant strength within the university is the PIUNE service (Support Service for Students with Specific Educational Needs), specifically designed to assist students with disabilities or special educational requirements. The university also expressly intends to support individuals who have experienced sexual abuse, gender, and LGBTQ+ discrimination, as well as those with disabilities. It provides psychological and psycho-pedagogical support and services for mental health emergencies,

available to the entire community. In general, the vast number of community initiatives and awareness programs conducted to promote mental health is noteworthy.

Additionally, two significant cross-sectoral initiatives related to mental health at The University Autonomous of Barcelona deserve mention:

1. The Strategic Mental Health Plan against Suicide at The University Autonomous of Barcelona, recently implemented, integrates services aimed at supporting individuals within the community, particularly regarding mental health. This plan entails mandatory training for key personnel in identifying suicidal behavior and emotional distress, conducted in collaboration with Hospital Parc Tauli, with the goal of suicide prevention. It includes protocols for different phases, from suspicion to attempted and post-suicidal phases.
2. Secondly, the academic year 2023-2024 has been designated as a thematic year focusing on mental health to destigmatize mental health issues and provide individuals with tools for recovery and improving their quality of life. Under the slogan "Mental health is at stake #winthegame," various activities have been scheduled throughout the year to promote mental health awareness and support.

Challenges. The primary challenges in The University Autonomous of Barcelona mental health services stem from the lack of interconnectedness among existing services, the absence of a centralized hub for mental health, and the lack of information among The University Autonomous of Barcelona community. The services are not connected, meaning they can duplicate types of support and leave other needs uncovered, and both students and teachers are unaware of the available resources. Establishing a central coordinating figure or office could significantly improve this situation by linking different services, formalizing support pathways, ensuring widespread information about available resources, and providing a centralized space for initial consultations. This would enhance clarity and efficiency in accessing mental health support. Currently, CORE (Strategic Research Community) in Mental Health informally coordinates these efforts.

Additionally, the physical locations for support services are often separated from the main areas of university life, creating access barriers. There is also a lack of specialized services for distinct groups such as ethnic or religious minorities and international students, like those in the Erasmus program or students with refugee or asylum-seeking status. Moreover, despite The University Autonomous of Barcelona's standard in-person approach, many tutoring and student interactions are online, which may not fully satisfy all student needs.

Most services offered by the university are free. However, for individualized psychological care at the SPL (Psychology and Speech Therapy Service), only the first session is free of charge, with subsequent sessions incurring fees. Despite reduced prices, many students struggle to afford them. Consequently, students may turn to the Health Care Service (SAS) service, which is free yet often has lengthy waiting lists.

Iscte: Service Mapping

Over the past few years, Iscte - Instituto Universitário de Lisboa has made significant changes to its mental health services. Three different mental health strategies have been introduced in the last five years. Before 2019, Iscte

provided free on-campus mental health services to all students, facilitated by a team of two mental health counselors. However, in 2019, Iscte adopted a new protocol, outsourcing mental health services to a private clinic located on campus called SAMS Clinic Iscte.

This private clinic now offers mental health treatment to both students and staff at a reduced rate. This fee is waived entirely for some students, with Iscte covering the cost via social services. This applies to students who receive university scholarships or are identified as coming from low socioeconomic backgrounds or social minority groups, such as those with functional diversity or refugee status. The clinic's staff includes five clinical psychologists, two psychiatrists, and other medical professionals who provide a range of services.

When the new protocol was introduced, the onset of the COVID-19 pandemic created additional challenges for the Iscte community. To support its students during this difficult time, Iscte introduced several measures, such as a mental health support hotline and a series of online workshops and activities to promote mental well-being. These efforts included training sessions, pedagogical content dissemination, and even home workout programs. However, many of these initiatives were gradually discontinued as pandemic restrictions eased.

Currently, Iscte's mental health service protocol involves a multi-step process (see Figure 2). Students first contact the Social Action Services (SAS) via email or phone to schedule an initial interview with one of the two counselors from the Student Counseling Office (GAA). During this interview, the counselor assesses the student's situation and therapeutic needs. Depending on the assessment, the student may be referred to the designated private clinic on campus or other appropriate services. However, it's important to note that this protocol is designed for students, not staff. University staff must contact the private clinic directly for services, although they benefit from the reduced session fee. Unfortunately, this arrangement means that staff are not the primary focus of mental health interventions and activities.

Iscte's Social Action Services maintains records of all students seeking mental health support. However, because these cases are outsourced to a private clinic, specific data on the mental health issues affecting Iscte students are not readily available. A common criticism of the current protocol is the cost of sessions at the private clinic, which remains a barrier for some students. Additionally, the Student Counseling Office is understaffed, with only two counselors for 14.103 students, limiting the office's ability to offer workshops, training, and other mental health initiatives.

While Iscte students can access resources through the Social Action Services, the Student Counseling Office, and the private clinic, they may also be referred to public health facilities, such as the nearby Hospital de Santa Maria, in emergencies.

Resources for Social Minority Groups. Iscte has specific policies and protocols to support students from social minority groups. These include services for migrant students from Portuguese-speaking countries, refugees, students with functional diversity, and those with special educational needs. Such students can disclose their status during enrollment and may opt to be contacted by the appropriate department.

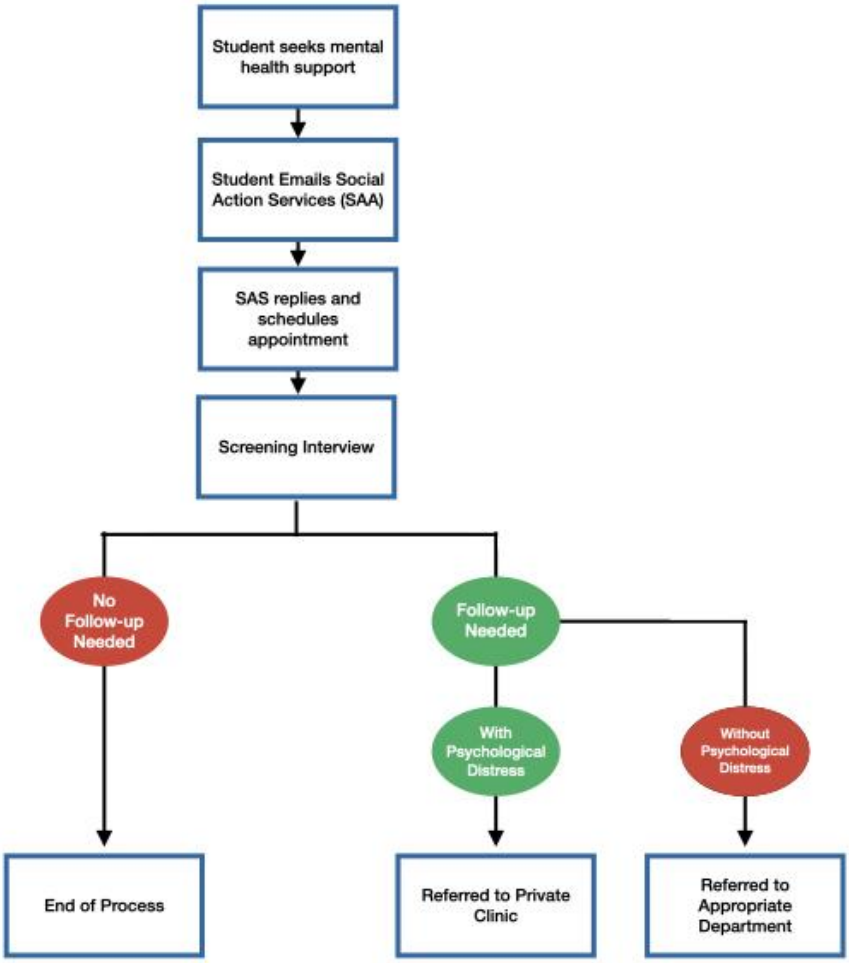


Figure 2. Mapping of Iscte's mental health services.

International, Migrant, and Refugee/Asylee Students. Migrant students from Portuguese-speaking African countries (PALOP) and other members of the Community of Portuguese-Speaking Countries (CPLP) have access to various support services, including scholarships, financial aid, and free preparatory courses (e.g., Academic Portuguese, Elementary Mathematics) to help them succeed academically. For instance, Iscte offers these students the option to participate in specific scholarship programs and financial support. Refugee and asylee students can also access financial support, free Portuguese courses, and student housing. The Social Action Services monitor their progress throughout their stay in Portugal. However, many of these services are unavailable to international students who do not fall into these categories (e.g., Erasmus students). These students can request curricular adaptations, such as English courses and materials, and may seek assistance from the International Relations Unit, depending on their needs.

Functionally Diverse & Students with Specific Educational Needs. Functionally diverse students with specific educational needs receive ongoing support from the Social Action Services. Iscte has established clear policies and

protocols to facilitate their integration, including access to scholarships, financial aid, workshops, online learning, and academic adaptations based on their needs.

Other Social Minority Students. While Iscte does not have specific protocols for other social minorities, such as religious or gender and sexual minorities, its policies and communications reflect a commitment to diversity, equity, and inclusion. Various faculty and student-led initiatives have also emerged to support these groups, though these efforts are often short-term and not yet formalized within Iscte's protocols.

Mental Health Promotion Activities & Resources. Beyond the services provided by the private clinic, Iscte's Department of Social Action Services and other departments organize workshops and training to help students manage stress and adapt to their first year. However, other support activities, such as peer social support, arts, and sports, are not directly promoted by Iscte but are instead facilitated by the Student Association. This association organizes social events, sports clubs, and artistic activities and advocates for improved mental health services and inclusive practices.

The Student Association has voiced concerns about the current state of mental health services at Iscte and has proposed recommendations for improvement. They also use their platform to raise awareness of social issues, such as racial justice and gender equality, through initiatives like podcasts created during the COVID-19 pandemic (e.g., IGUAL podcast and Tiktalks - Saúde Mental no Ensino Superior), which addressed societal issues and promoted student mental health. Additionally, the association fosters community-building among diverse students, including creating a network for LGBTQ+ students.

University of Turin: Service Mapping

The University of Turin has embraced a broad interpretation of mental health and well-being, as evident from the report "Welfare e benessere in UniTO - Servizi, interventi e progetti", published in 2022. The document provides a dual perspective on university policies and services for the mental health and well-being of individuals: on one hand, the individual welfare, which intervenes to ensure the well-being of people in their daily activities (including the protection and improvement of physical and psychological health and care for spaces); on the other hand the community welfare, which aims at the development of the university community as a whole in terms of equitable access to opportunities (including policies supporting students with learning disabilities, access to healthcare, and culture).

Here, we mapped the welfare and well-being services offered by the University of Turin (see Figure 3 and 4), demonstrating the commitment to the theme of the institution, which has appointed Prof. Alberto Rainoldi as the Vice-Rector for Welfare and has included in the university's 2021-2026 Strategic Plan (2023) an action dedicated to "Promoting a culture of well-being within the UniTo community" (action 1.3.2).

Figure 3. Mapping of the University of Turin's mental health services for students.

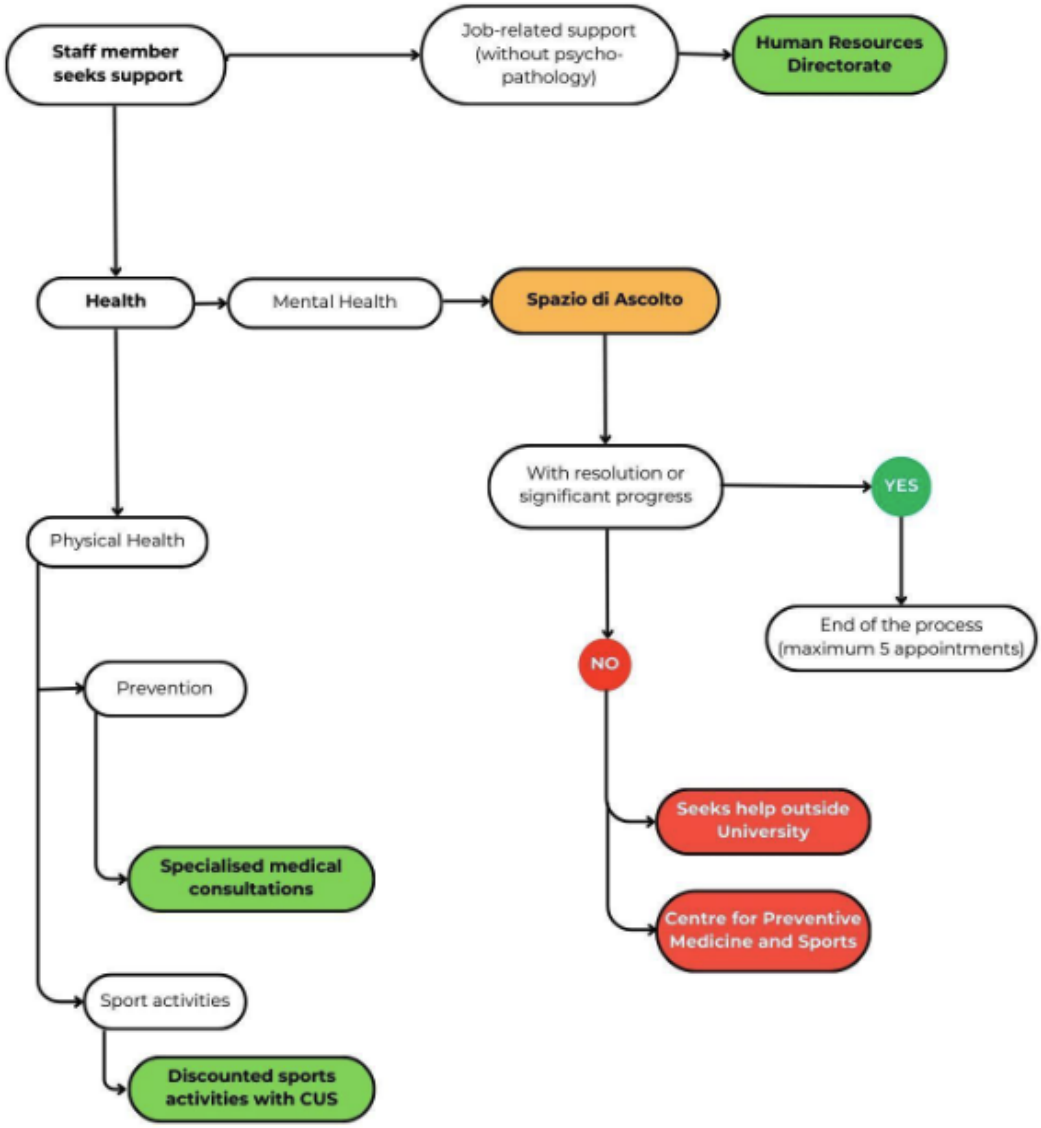


Figure 4. Mapping of the University of Turin's mental health services for staff.

Among the indicators of this action is the achievement of new objectives outlined by the Healthy Campus Program of the International University Sports Federation (FISU), a certification process for universities in the field of health and well-being through 100 multisectoral criteria. As of today, the University of Turin has reached 81 out of 100 objectives, earning the "Silver Label," and intends to improve its performance in the years to come.

The main well-being promotion services activated by the University of Turin are listed below and divided by intervention area. The university community can access information regarding well-being policies through the university's website. Information is gathered on the page "Pari opportunità, benessere e assistenza" ("Equal Opportunities, Well-being, and Assistance"), accessible from the homepage through the "Services" menu.

Mental Health Services. The University of Turin has three main mental health services for students and staff. "Spazio di Ascolto" is the first welcome service for individuals facing difficulties. It is aimed at university staff (academic and administrative) as well as students at the University of Turin who are experiencing psychological or physical distress,

potentially affecting the quality of their work and studies. The goal of Spazio di Ascolto is to activate the resources of individuals and the university community and accompany people toward the most suitable services, focusing on secondary prevention. This service is free and provides a series of appointments, up to a maximum of five, with psychologists qualified in psychotherapy, specialists, and trainees from the School of Health Psychology within the Department of Psychology.

The service, activated in 2018, initially involved face-to-face meetings in the spaces of the Department of Psychology. Following the Covid-19 pandemic, the service was enhanced to cope with increased demand and online sessions were experimented with. Today, Spazio di Ascolto manages over 3,000 requests per year, handled by 40 trainees from the School of Psychotherapy and 20 psychotherapists. The University of Turin provides substantial financial support to Spazio di Ascolto, which is positioned as a virtuous and cutting-edge service on mental well-being issues in the Italian higher education landscape.

To benefit from the service, individuals need to fill out an online form, after which they are contacted to schedule an initial meeting, usually within ten days. Given its low-threshold nature, there is a high attrition rate at the initial contact stage, with approximately 30% of incoming requests being declined by potential clients themselves.

If deemed necessary, after the five appointments, students can continue their therapy by turning to the Counseling service managed by two university psychologists or psychotherapists for the required duration within the timeframe of their enrollment at the university. The Counseling service is completely free and aims to provide psychological support to students in crisis, facing stress and anxiety, encountering difficulties in interpersonal relationships, or dealing with issues related to an inappropriate choice of studies. Approximately 300 individuals per year continue their mental health journey within the Counseling service.

Alternatively, beneficiaries of Spazio di Ascolto are directed to services provided by the National Health Service or associations that offer psychological counseling at lower rates. The main challenges identified during the appointments are 1) anxiety disorders, 2) difficulties in social relationships, and 3) low self-esteem. Additionally, the condition of many PhD students is particularly delicate, as they often face moments of difficulty throughout their academic careers. To address these challenges, Spazio di Ascolto aims to develop an effective network with other university services and support initiatives to promote well-being and empowerment.

Exclusively for students, Spazio di Ascolto and Counseling services are connected to the psychiatric consultation service located at the San Luigi Hospital in Orbassano, within the university department; it allows direct access for students upon request, with prescription charge. The service is not available for university staff.
It is also worth noting that students and employees of the university can access the Clinical Psychology and Sports Psychology services at the Centre for Preventive Medicine and Sports of the University of Turin (Via Marenco 32) at reduced rates (individual psychological/psychotherapeutic sessions at €60.00).

The Psychological Aid Service of the School of Medicine is the second available mental health service. The service is a space for listening and support to address forms of distress that students of the Master's Degree Course in Medicine and Surgery may encounter during their studies. It was established in 2018 on the initiative of Professor

Leombruni, a clinical psychology lecturer, in response to a perceived need within the student population. The service is managed by Professor Leombruni and his collaborators (including psychotherapists and trainee psychiatrists) without using university financial resources.

Those interested can access the Psychological Aid Service of the School of Medicine and arrange an initial meeting by emailing a specific email address. Unlike the Spazio di Ascolto, the service is less standardized and offers face-to-face counseling sessions arranged with the student based on their needs. The service is in constant dialogue with the University's Spazio di Ascolto, which redirects any requests for help received from students of the Master's Degree Course in Medicine and Surgery. On average, the service handles between 80 and 130 new requests per year.

The third and last mental health service at the University of Turin is the Passi@UniTo. Passi@UniTo is a psychological counseling service dedicated to international students, primarily from non-EU countries, whether enrolled in a degree program or on exchange, experiencing mental or physical distress. This service was launched in 2019 and aims to enhance the academic integration process and territorial integration of students from countries with educational, scholastic, and social models culturally different from those in Europe. Developed in collaboration with the University of Turin Internationalization Area, the service is free and available in Italian and foreign languages (English, French, Chinese, Urdu, Hindi). To access the service, individuals need to send an email to schedule an initial meeting online or in person.

Trauma Support. The Trauma Support: Gender-based violence prevention desk is a service offered for free to all female students, researchers, professors, and employees of the University of Turin who are experiencing distress due to forms of oppression, abuse, and violence. It is provided in collaboration with E.M.M.A. Onlus, a non-profit organization that manages various gender-based violence prevention centers in the area. Access to the service can be obtained by visiting the support space located in the Main Hall of Campus Luigi Einaudi (Lungo Dora Siena 100/A) on Thursdays from 2:00 PM to 7:00 PM, or by contacting the desk via email or phone.

Physical Health & Well-Being. At the University of Turin, three main services or strategies are focused on promoting students' and staff's physical health and well-being. First, students, faculty, and administrative staff at the university can benefit from specialized medical consultations at reduced rates in the areas of outpatient care, sports medicine, physiotherapy, physiatry, orthopedics, and sports traumatology at the Centre for Preventive Medicine and Sports of the University of Turin. The center is located in Via Marenco 32 and receives patients from Monday to Friday, from 8:30 am to 7:30 pm.

This service was recognized in 2021 as a Best Practice by FISU Healthy Campus, a program designed to support universities in promoting the health and well-being of their communities in seven areas (physical and sports activities, mental health, nutrition, disease prevention, risk behaviors, environment, social responsibility, and sustainability). In particular, the University of Turin's project was acknowledged for its ability to promote the benefits of medical check-ups at sustainable prices within the university community and raise awareness about the importance of healthy lifestyles.

The second relevant service related to people's physical health and well-being is that at the University Sports Centre (CUS) and the Circolo della Stampa - Sporting A.S.D., the university community can engage in sports activities at reduced rates. In the case of CUS, students and university staff are entitled to free membership and a reduction in the enrollment costs for courses and facility use; CUS activities are spread across many facilities in the city. At the Circolo della Stampa – Sporting A.S.D. (Corso Giovanni Agnelli 45), students and staff are entitled to a reduced membership fee. Additionally, students can use tennis courts without paying the membership fee and benefit from discounted prices.

Lastly, the University of Turin offers the Wellness4Student - W4S. This initiative explores and promotes the psychophysical and social health and well-being of first-year university students. Lifestyles, psychological health, physical abilities, clinical health conditions, and body composition are assessed through two distinct phases. In the first phase, an anonymous questionnaire on lifestyle and psychophysical well-being is delivered, taking approximately 20 minutes to complete. In the second optional phase, students are offered a free clinical visit at the Center for Preventive Medicine and Sports of the University of Turin. This visit provides personalized information about one's health status, physical fitness, and body composition, intending to promote an active lifestyle and increase awareness of one's physical well-being.

Students with Disabilities. Services for students with disabilities are coordinated by the Office for Students with Disabilities and Specific Learning Disorders (DSA), located at Via Verdi 25. Additionally, a Vice Rector's Delegate for the inclusion of students with disabilities has been appointed, Professor Cecilia Marchisio. The overarching goal across all support services for students with disabilities is the removal of obstacles they may encounter in the university environment and promoting well-being, enabling them to fully experience academic life. The University of Turin provides several services, including physical assistance within university facilities, communication assistance and Italian Sign Language (LIS) interpretation, mediation interventions with professors before exams, provision of accessible format texts, personal hygiene support, personalized projects for students with specific needs, and didactic tutoring (conducted by selected university students through a specific call for applications) on a peer or specialized basis. This latter service is offered to individuals who experience psychological distress and encounter difficulties in relationships with other students and faculty members and in organizing their academic path. To access these services, individuals must complete the support request form and submit it to the Office for Students with Disabilities and DSA. The office also offers a specific entry orientation service for high school students in their last year.

Each university department has identified within its faculty a "Disability Officer", an intermediary between the needs of students with disabilities and the faculty. Finally, the "Table for the Promotion of the Inclusion of Students with Disabilities and Specific Learning Disorders (SLD)" has been established, a university body involving representatives from the Teaching, Technical-Administrative, and Student Staff (including students with disabilities and SLD) with advisory functions, including the development of new services. In this regard, there is a need to develop greater synergy with the job market in the near future to include people with disabilities within the university's staff.

Students with Specific Learning Disorders. Services for students with disabilities are coordinated by the Office for Students with Disabilities and Specific Learning Disorders (DSA), located in Via Verdi 25. Additionally, Professor Carla

Tinti has appointed a Vice Rector's Delegate to include students with disabilities and specific learning disorders. Each university department has identified a "DSA Officer" within its faculty, an intermediary between the needs of students with specific learning disorders and the faculty. Students with disabilities and specific learning disorders can request mediation interventions with professors before exams, peer-to-peer support provided by senior students with disabilities and specific learning disorders, didactic tutoring on a peer or specialized basis, and benefit from computer workstations equipped with specific aids/software at the office premises. Additionally, they can access accessible format texts and free provision of the "ePico!" software for creating materials, organizing, and preparing for exams.

Trans & Gender Diverse Students. To ensure the psychophysical well-being of individuals studying and working at the university and to promote an inclusive study and work environment, the University of Turin has implemented protective measures for individuals who need to use a name different from their legal one by activating an Alias Career.

The assignment of an alias career involves a provisional, transitional, and non-consolidated identity for issuing new identification documents (smart cards), a new email account, and identification badges when necessary. It is inseparably associated with the identity legally recognized in civil records and remains active for the duration of the latter, subject to any requests by the individual.

Requests must be submitted to the CUG - Unique Guarantee Committee for equal opportunities, the enhancement of the well-being of workers, and against discrimination, whose activities are aimed at ensuring a serene study and work environment for workers and students at the university, where interpersonal relationships are characterized by correctness and mutual respect for freedom and dignity.

The University of Turin was the first in Italy to introduce the dual university transcript for students in gender transition in 2003, and in the Academic Year 2013/2014, adopted a new procedure for assigning alias careers aimed at accessing telematic and computer services. In 2022, the alias career was extended to anyone who is part of the university community.

Didactic Support. In this context, Tutoring Services and SUPERA support space are included. Tutoring Services support students in reducing dropout rates, preventing attrition and delays in studies, and promoting active participation in university life. Specific support is provided to first-year students, who are assisted by tutors (high-achieving students in their final year of study) in drafting their career plans and navigating university organization. On the other hand, disciplinary tutoring is a service activated by each department to assist students who are struggling with their studies and need support in exam preparation.

Sportello UniTo PEr la Riuscita Accademica - SUPERA is a support space dedicated to students. It provides guidance in choosing their university path and assists in challenging situations, study techniques, and exam preparation. The Desk offers small-group study method courses (including specific support for students with learning disorders), individual guidance and reorientation in choosing the academic path, as well as assessments for potential learning disorders. Access to the service is free, but booking a consultation via email is necessary.

International Students. The University of Turin acknowledges the challenges that international students may face in trying to acclimate to the new academic, socio-cultural, and linguistic context. For this reason, it provides several dedicated services to assist them. Buddy Project – Do you need suppor-TO? offers welcome and assistance to international students enrolled in a degree program (degree-seeking) or participating in a mobility period (exchange incoming). New students are paired with regularly enrolled students with adequate language skills, following a peer-to-peer tutoring logic that provides support both before arriving in Italy and during the initial months at the University of Turin. Tutors are selected through a specific call for applications. The service is managed by the Directorate of Innovation and Internationalization of the University of Turin.

The Mentorship Project supports international students at the University of Turin with a migratory background or international protection status to facilitate their academic integration and integration into the Italian social fabric. It promotes peer-to-peer actions for educational support (access to courses, obtaining educational materials, exam reservations, and meetings with professors), administrative and legal assistance (housing search, scholarship applications, enrollment, residence permit applications), social engagement (promotion of social events), and communication (organization of film forums and conferences, networking with student associations to promote awareness of migrant experiences). The service is free and available in both Italian and foreign languages (English, French, Spanish). To request support, individuals need to send an email, after which an initial meeting is organized online or in person.

Other Mental Health Promotion Services. The university promotes several different initiatives aimed at promoting the overall well-being of the university community, including:

- Agreements with the Teatro Stabile di Torino (students and TA staff) and the National RAI Symphony Orchestra (students) for access to discounted rates to promote access to culture for the university population.
- In the academic year 2023-2024, the University of Turin and the Student Council promote a cultural initiative for students by distributing vouchers to purchase the Piemonte Valle D'Aosta Museum Subscription Card at a reduced price.
- Dual Career Program: support high-level athletes in balancing their sports commitments with their university career (arranged exam sessions with professors in case of sports commitments, recovery of compulsory attendance lessons, academic tutoring).
- Le Vallette Prison University Complex: a university center active since 1998 to allow eligible inmates to exercise their right to education, including at the university level.
- Contribution to the attendance of nurseries, micro-nurseries, and baby parking facilities: financial support of up to €500.00 for the benefit of children aged 0-3 years of technical-administrative personnel, teaching staff, researchers, doctoral students, and scholarship holders of the University of Turin for enrollment in nurseries, micro-nurseries, or baby parking facilities.
- Refund of expenses for GTT subscriptions: support for the right to education and sustainable mobility through the refund of purchase expenses (up to 80% of the total cost) of annual or multi-month subscriptions to public transport services in the city of Turin for the benefit of university students.

- Language courses at the University Language Center: price reductions to access foreign language courses organized by the University Language Center – CLA.
- Services provided by the Regional Agency for University Student Rights of Piedmont (EDISU): services to promote access to and continuation of university studies for capable students lacking financial means, such as scholarships, graduation awards, beds in university residences, meal services at reduced rates, and lending of university textbooks.
- Free distribution of sanitary pads at four university locations of the University of Turin (starting from 2024).

Challenges. As highlighted in the report "Welfare e benessere in UniTO - Servizi, interventi e progetti" and during the meetings organized with the service representatives, the richness of university welfare policies is not yet accompanied by adequate communication, necessary for widespread awareness of the welfare offerings.
Information regarding welfare and well-being services is fragmented among several sources, not all of which are accessible to the general public outside the university (as they are published on the university's Intranet), making them less visible and easily accessible. Even communications through institutional email addresses are ineffective in reaching potential beneficiaries, especially students. Word of mouth remains an important communication channel even today.

An internal reflection is underway to improve communication of the offerings. However, as emphasized by the psychological well-being service representatives, overly widespread communication could lead to excess demand that cannot be met by the services in their current state, thereby deteriorating their quality.

Another critical issue that has emerged is the difficulty in coordinating initiatives and interventions, which therefore appear isolated and disconnected from other services. The sectorization of interventions is accompanied by increasing standardization and a lack of analysis of the emerging needs and redefinition of the offer, all factors that, as reported in the interviews, may result in a poor improvement in service quality.

University of Cagliari: Service Mapping

As shown in Figure 5, the University of Cagliari offers two primary services to support its students' mental health and well-being: the Psychological Counselling Service and the Service for Inclusion and Learning (SIA). These services are essential resources designed to help students navigate the challenges of university life, particularly during the critical period of academic and personal development. However, it is important to note that these services are exclusively available to undergraduate students and do not extend to postgraduate students or university staff.

The Psychological Counselling Service is the primary mental health resource available at the University of Cagliari. This service is dedicated to supporting students' psychological well-being, preventing academic dropouts, and addressing psychological distress that may arise during their studies. The service is particularly focused on the emotional, cognitive, and relational challenges that students may encounter as they transition into adulthood and prepare for their professional futures. It is important to note that this service only provides counseling; it does not provide psychotherapy. Therefore, for those students undergoing more complex mental health challenges (e.g.,

depression), the counseling services can serve as a place for mental health promotion or awareness raising, not for intervention.

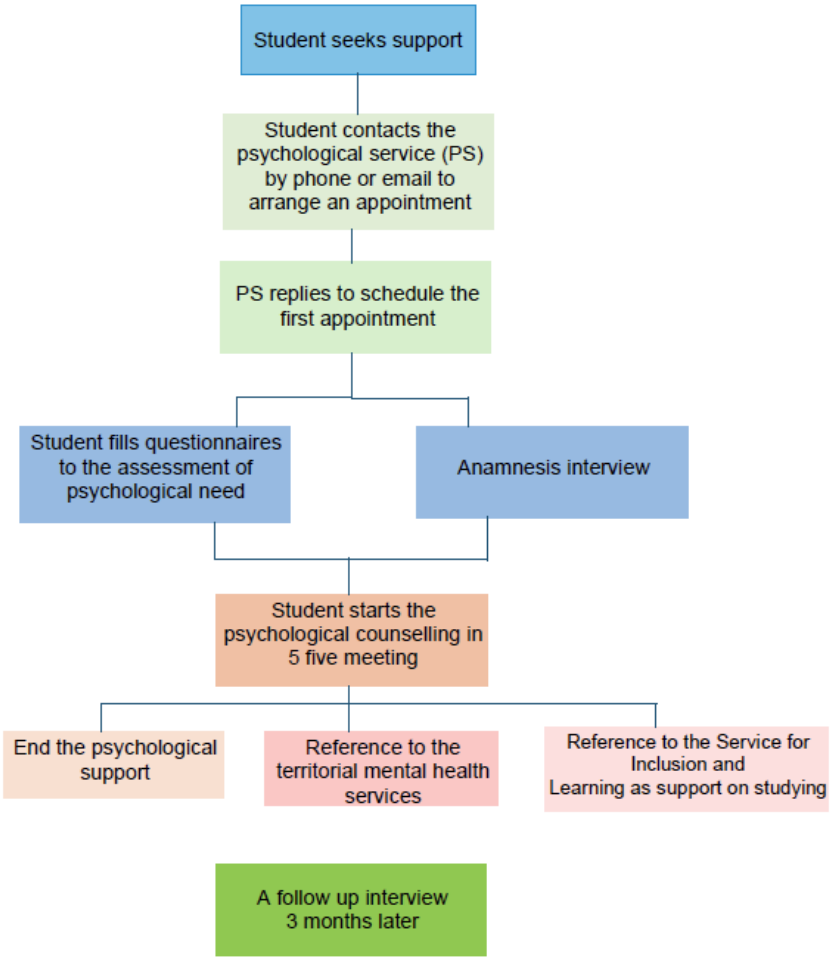

Student seeks support
Student contacts the psychological service (PS) by phone or email to arrange an appointment
PS replies to schedule the first appointment
Student fills questionnaires to the assessment of psychological need
Anamnesis interview
Student starts the psychological counselling in 5 five meeting
End the psychological support
Reference to the territorial mental health services
Reference to the Service for Inclusion and Learning as support on studying
A follow up interview 3 months later

Figure 5. Mapping of the University of Cagliari's mental health services.

Some of the most common concerns addressed by the Psychological Counselling Service are the following:

- Difficulty adapting to the university environment
- Anxiety, mental blocks, and performance-related stress
- Lack of motivation
- Confusion regarding degree choices
- Stress management
- Difficulties concentrating
- Managing psychological distress
- Challenges in managing and overcoming traumatic events.
- Difficulties in family and social relationships

This service is staffed by three psychologist-psychotherapists who provide individual psychological support through a structured process. This typically involves five sessions, beginning with a 90-minute initial consultation that includes

a preliminary interview and psychological testing to assess the student's needs. The following four sessions are 50-60 minutes each, focused on helping students develop self-awareness, understand their emotional experiences, and activate coping strategies. A follow-up meeting is scheduled to assess progress three months after the initial sessions. In cases where the service's counseling is insufficient, students are referred to external mental health services for more specialized care.

Access & Utilization. The service is widely accessible to undergraduate students, who typically learn about it through the university's website, introductory presentations, and word of mouth. Students contact the service via email to schedule appointments, and the structured support process includes five weekly sessions followed by a follow-up interview three months later. Psychological assessments are conducted at the beginning, end, and follow-up stages to measure the effectiveness of the support provided.

Demand. Since its establishment in 2018, over 1,000 students have utilized the Psychological Counselling Service. The demand is high, often resulting in a waiting list of one to two months, particularly during exam periods. The service sees a wide range of psychological issues, from mild stress to more severe conditions like depression and suicidal ideation, the latter requiring referrals to external mental health facilities.

Strengths & Weaknesses. The service is highly valued for its welcoming environment and professional seriousness. The three psychologists work cohesively, providing attentive and personalized care to students. However, the service's limitation is its inability to offer psychotherapy, necessitating referrals to overburdened public mental health services. The stigma surrounding mental health remains a significant challenge, with students and their families often reluctant to acknowledge or seek help for psychological issues.

Diversity & Inclusion. While the service strives to accommodate all students, it currently lacks the resources to support non-Italian-speaking students. International students are directed to the ERASMUS service for connections to local mental health services. The service has also observed an increase in anxiety and mood disorders following the COVID-19 pandemic, with more than 50% of attendees reporting distress.

Service for Inclusion & Learning (SIA). The Service for Inclusion and Learning focuses on supporting students in their studies, particularly those with certified disabilities or who face academic challenges. This service offers tailored study support, including the provision of compensatory tools when necessary.

The Service for Inclusion and Learning collaborates closely with the Psychological Counselling Service. Students who approach the Service for Inclusion and Learning for academic support may be referred to the Psychological Counselling Service if they exhibit signs of psychological distress. Similarly, students receiving psychological counseling who encounter difficulties in their studies are often directed to the Service for Inclusion and Learning for additional academic assistance. This integrated approach ensures a coordinated network of support for students' overall well-being.

University of Malta: Service Mapping

The University of Malta comprises fourteen faculties, several interdisciplinary institutes, and centers, three schools, and a junior college. Besides the main campus, situated in Msida, there are three other campuses: Valletta, Marsaxlokk, and Gozo. The Msida Campus of the University of Malta has set up the Health and Wellness Centre aimed at enhancing wellness for staff and students forming part of the university (see Figure 6).

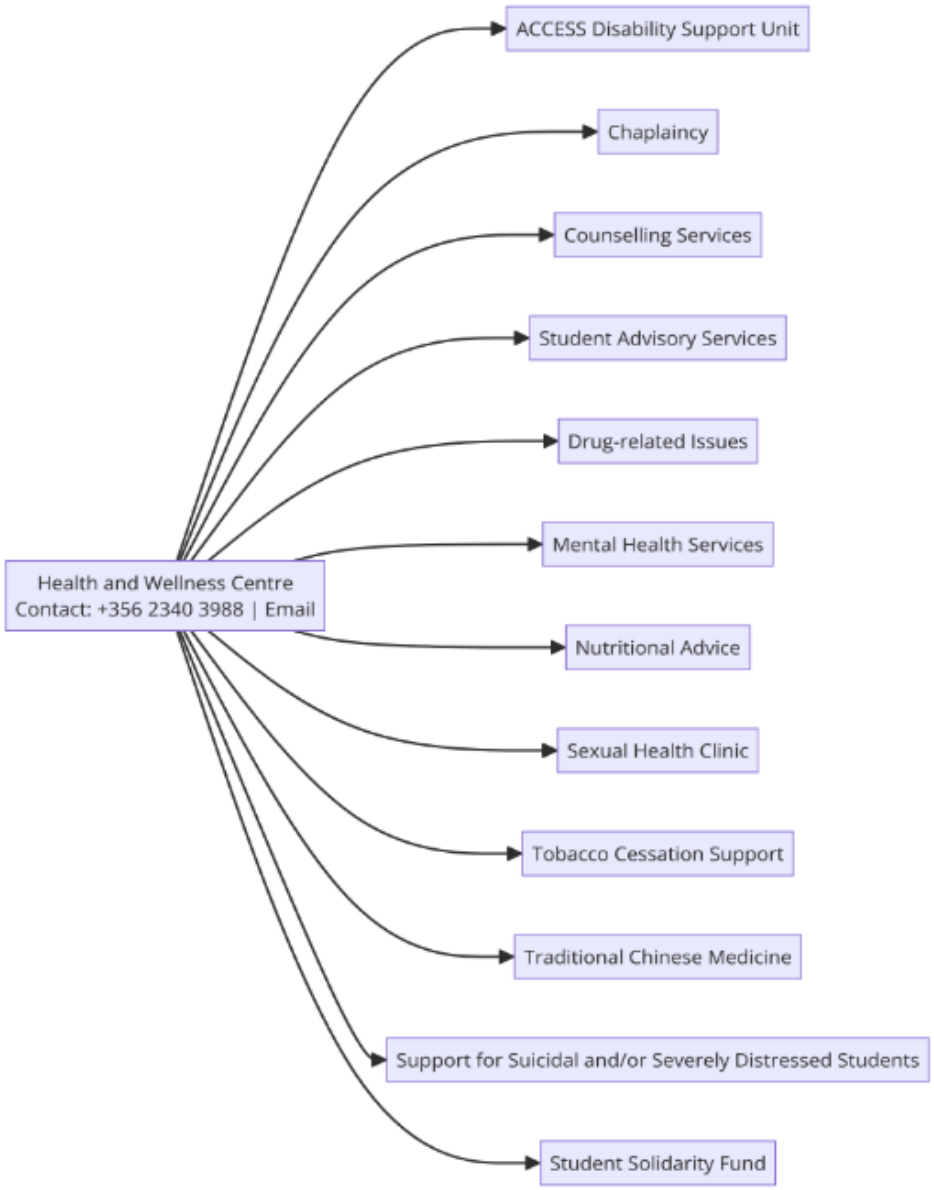


Figure 6. Mapping of the University of Malta's mental health services.

The Health and Wellness Centre provides the following services to assist the university community in addressing challenges and embracing opportunities that arise from day-to-day life:

- ACCESS Disability Support Unit: Support and resources are offered for students with disabilities.
- Chaplaincy: Spiritual support and guidance are provided. A multi-faith room is also available on campus.
- Counselling Services: Professional counseling is offered for both students and staff.
- Student Advisory Services: Advice and support on various student-related issues are offered.

- Drug-related Issues: Support and resources are provided for individuals facing drug-related challenges.
- Mental Health Services: Services aim to support individuals' mental health and well-being.
- Nutritional Advice: Guidance on nutrition and healthy eating habits is provided.
- Sexual Health Clinic: Services related to sexual health and well-being are offered.
- Tobacco Cessation Support: Assistance is provided for those intending to cease tobacco use.
- Traditional Chinese Medicine: Treatments and therapies rooted in traditional Chinese medicine are offered.
- Support for Suicidal or Severely Distressed Students: Staff are given guidelines and support for managing students at high risk. The University has also developed guidelines for staff to help support suicidal or severely distressed students.
- Student Solidarity Fund: Financial aid is provided to students in need.

In addition, the University also offers the following support:

- **A Committee on Race and Ethnic Affairs**: serves as the University's focal point for monitoring and addressing issues related to race and ethnic prejudice, with a special focus on developing comprehensive and effective action in the three areas indicated below, namely Awareness, Access, and Integration, and Safeguarding and Enforcement.
- **An Equity Office**: seeks to ensure that equity, diversity, and inclusion are truly embedded within all levels of the University and are mainstreamed accordingly across the whole Institution. It monitors and sees the implementation of the Gender+ Equity Plan. Furthermore, the Equity Office engages in consultation with the relevant stakeholders to organize various initiatives to promote and raise awareness on the different aspects of equity, diversity, and inclusion.
- **A Help Hub**: a one-stop-spot service that seeks to provide support to current students in a range of areas, providing up-to-date information that students may require and offering easy access to the vast network of student services and support services at the University.

To seek help, individuals can contact the Counselling Services Unit (CSU) directly via email or the Equity Office. The process begins with completing intake forms, followed by an initial assessment and assignment to a suitable professional. Services typically include 15 to 20 therapy sessions, with the possibility of free psychiatric evaluations and additional assessments for conditions like attention-deficit/hyperactivity disorder (ADHD).

The most frequent issues presented include anxiety, depression, somatic symptoms, and relational difficulties. An increase in neurodivergence has been noted, likely due to inclusive strategies at the University of Malta. The Counselling Services Unit also handles social work cases related to homelessness, poverty, and domestic violence. Common complaints such as harassment or personal relationship issues are often referred to the social workers within the Counselling Services Unit.

Over recent years, the number of clients has steadily increased:

- 2019: 384 clients
- 2020: 465 clients
- 2021: 521 clients
- 2022: 684 clients

- 2023: 524 clients

Approximately 80% of these clients are undergraduates, with the remaining 20% comprising university staff, master's, and Ph.D. students. In 2023, the client base was 77% Maltese, 12% EU nationals, and 11% non-EU nationals, including those from the UK and the Middle East.

Emergency Situations. In the event of emergencies, psychological advice can be sought from the University Counselling Services Unit (UCSU) at +356 2340 2235. When contacted, the Unit will need to be informed of the urgency and high-risk nature of any situation. Assistance might involve a University Counselling Services Unit staff member meeting the student or member of staff on location directly or requesting that the individual accompany the distressed student to their Unit. In situations where the University Counselling Services Unit cannot be reached, the emergency number 112 would need to be called for an ambulance. If a student at risk refuses the support provided and leaves the meeting, the police and the student's next of kin would need to be notified due to safety concerns. Should a crisis occur outside normal working hours, the student would need to be taken to the Accident & Emergency Unit at Mater Dei Hospital and accompanied by a staff member until a clinical practitioner has been briefed. If there is concern about the student leaving en route, an ambulance may be requested by calling 112. Should the student refuse to go to the Accident & Emergency Department and leave, the police and next of kin must be notified. Generally, the student's next of kin would be informed if safety is a concern, either by the involved staff member or the relevant Faculty/Centre/Institute/School Officer. Should the next of kin be unreachable, the police should be informed. The incident and concerns would also need to be reported to the Head of the Department, Dean, Director, and Registrar. In cases of severe distress, the Msida Police Station should be contacted. If students are aware of a peer at risk of suicide, they would be advised to contact the at-risk student's next of kin or the police. Guidelines for staff have been developed to help support suicidal or severely distressed students.

Additional Health & Well-Being Services. The University of Malta also offers several other resources, including the Students Advisory Services for academic and career guidance and the Access Disability Services Unit for supporting students with disabilities. The Counselling Services Unit refers clients to external services like:

- FSWS (Foundation for Social Work Services) for domestic violence and harassment cases
- SEDQA for addiction issues
- Dar Kenn Għal Saħħtek for eating disorders

Support for Diverse Needs. The University of Malta ensures that all services respect multicultural and gender/sexual orientations, adhering to its equity and inclusion policies. Although the International Office primarily handles cases involving diverse populations, the Counselling Services Unit provides support to students facing poverty and homelessness, often in collaboration with Chaplaincy services and the Student Solidarity Fund.

Strengths & Challenges. The CSU is noted for its holistic and appreciative approach, offering training and focus groups for staff on topics like stress management, handling distressed students, leadership, and mindfulness. However, challenges remain, particularly the long waiting list (currently 2.5 months). Efforts are underway to expand the team to better manage the growing demand and complexity of cases. Additionally, there is an ongoing effort to increase awareness about mental health through strategic campaigns throughout the year. Overall, the services

offered by the University of Malta collectively contribute to a supportive environment. However, continuous improvement is necessary to meet the rising mental health needs of the university community.

Cross-Sectional Surveys

An online self-report survey was conducted using a cross-sectional design to assess several key variables and mental health outcomes. The survey was made available through Qualtrics, and the resulting data was compiled into a combined dataset, which was analyzed by the Iscte coordinating team as part of this needs assessment.

Participants

A total of 133 responses were collected. Participants who did not complete the survey (n = 35) were excluded, resulting in a final sample of 98 responses. From these responses, 57.1% were gathered from university staff (n = 56) and 42.6% from students (n = 42) across five European higher education institutions. Specifically, 21 responses were collected from The University Autonomous of Barcelona, 26 from Iscte, 23 from the University of Turin, 15 from the University of Cagliari, and 13 from the University of Malta. The ages of the participants ranged between 18 and 70 across the entire sample. Among university students, the age ranged between 18 and 40, while for staff, the range was between 24 and 70. The majority of participants self-identified as cisgender women (71.1%), heterosexual (68%), currently partnered (57.8%), able-bodied (74.5%), local or native to the country of their higher education institution (87.5%), and from a middle-class background (*M* = 6.52, *SD* = 1.61 see Adler et al., 2000). For a more detailed breakdown of the socio-demographic characteristics of the overall sample, stratified by university, please refer to Table 2.

Table 2. Socio-demographic Characteristics Stratified by University

Variables	The University Autonomous of Barcelona	Iscte	University of Turin	University of Cagliari	University of Malta	Total
Gender						
Woman	14	17	19	11	11	69
Man	4	7	5	2	2	20
Other	3	2	1	2	-	8
Religion						
No religion	13	17	11	8	-	49
Catholic	5	8	10	5	-	29
Other	2	1	3	1	-	7
Disability Status						
Able-bodied	18	8	23	13	11	73
Living with disability	2	18	-	2	1	23
Sexual Orientation						
Heterosexual	12	16	16	11	11	66
Sexual Minority	9	9	3	2	2	25

Relationship Status						
Single	9	14	7	2	3	35
Partnered	12	12	12	6	10	52
Migration Status						
Local or native	18	19	22	15	13	86
International	3	7	1	-	1	12
Romani heritage						
No	20	24	23	15	-	82
Race and Ethnicity						
White Caucasian	15	21	20	11	-	67
Other	6	5	2	4	-	17

Furthermore, we converted several categorical variables—such as religion, disability status, sexual orientation, migration status, Romani heritage, race and ethnicity, and gender identity—into binary variables (i.e., dummy coding) to quantify the number of participants belonging to social minority groups. This approach allowed us to determine that four participants identified with a religious minority (e.g., Buddhism), 23 reported having a disability (e.g., dyslexia), 25 identified as part of a sexual minority group, 11 were international students or members of staff, five disclosed being trans or gender-diverse, and nine identified as ethnic or racial minorities (e.g., Latino). It is important to note that these categories are not mutually exclusive. We aggregated these variables and identified that while most participants belonged to at least one social minority group (n = 28), others identified with two (n = 17) or even three (n = 5) of these categories. In total, 51% of the sample (n = 50) self-identified as belonging to at least one social minority group.

In Table 3, you can see the breakdown of the socio-demographic characteristics specific to university students and staff. Among the students, 40% were enrolled in social sciences programs, and nearly half were working while studying. Among the staff, 68.8% held academic positions, and 48.2% reported having attained a Master's degree as their highest level of education.

Table 3. University Students and Staff Specific Socio-demographic Characteristics

Variables	The University Autonomous of Barcelona	Iscte	University of Turin	University of Cagliari	University of Malta	Total
Students						
Degree						
Social Sciences	3	11	-	-	-	14
Political Sciences	4	-	1	-	-	5
Medicine	-	-	-	5	-	5

Other	2	2	5	2	-	11
Working Student						
Yes	5	3	3	4	-	15
No	4	11	4	3	-	22
			Staff			
Employment						
Academic Staff	6	12	12	3	-	33
Professional Staff	3	-	-	4	-	7
Other	3	-	4	1	-	8
Educational Level						
High school diploma	-	-	-	2	-	2
Bachelor's degree	4	-	-	-	-	4
Master's degree	5	10	8	3	1	27
Ph.D.	6	2	8	4	7	23

Procedure

The HEARTS Project's cross-sectional quantitative assessment was conducted through online surveys at the five participating European higher education institutions between June and August 2024. Prior to data collection, the study was first approved by the ethical committee of the Centre for Psychological Research and Social Intervention (CIS-Iscte) at Iscte (reference number: 24/001) and subsequently by the ethical committees at the University of Malta (reference number: EDUC-2024-00661).

Each university involved in the HEARTS Project was responsible for recruiting participants from within their respective higher education communities. Convenience and snowball sampling methods were employed across all institutions. Participants were invited to contribute to a study aimed at understanding the mental health needs of university students and staff of their respective higher education institutions. To be eligible, participants had to meet the following criteria: (1) be over the age of 18, and (2) be currently enrolled as a university student or employed (in either academic or non-academic roles) at The University Autonomous of Barcelona, Iscte, the University of Turin, the University of Cagliari, or the University of Malta. The online surveys provided to participants included an electronic informed consent form that outlined the study's purpose, the nature of participation, content, benefits, and potential risks. The surveys also featured a socio-demographic questionnaire that served as a pre-screener (e.g., age, university affiliation) to confirm eligibility. Additionally, the surveys included sections assessing the main psychological variables measured in this phase of the HEARTS Project. Upon completion, participants were debriefed and provided with further information about the study. Participation in all these surveys was voluntary and strictly anonymous to ensure confidentiality.

The surveys were made available in both English and the primary languages of each region: Spanish and Catalan for The University Autonomous of Barcelona, Italian for the University of Turin and the University of Cagliari, and Portuguese for Iscte. Most of the survey materials (except for some psychometric scales) were translated by professionals in the biomedical or social sciences who were native Spanish, Catalan, Italian, or Portuguese speakers. The structure and content of the surveys were consistent across all institutions, with the exception of the one conducted at the University of Malta. The ethical board at the University of Malta expressed concerns about the potential for identifying participants, particularly those from social minority backgrounds, due to the small size of the country. Consequently, some socio-demographic questions were made more general (e.g., changing specific age to age ranges) or, in some cases, omitted (e.g., self-identifying as Romani).

Measures

Table 4 provides an overview of the key measures used in the HEARTS Project's quantitative needs assessments, including whether they were previously adapted or explicitly translated for the project.

Table 4. Overview of Quantitative Measures

Variable	Measure	Author	Original/ Adapted	Spanish	Catalan	Italian	Portuguese
Mental Health	*Mental Health Continuum (MHC-SF)*	(Keyes, 2009)	Original	(Echeverría et al., 2017)	Translated	(Petrillo et al., 2015)	(Fonte et al., 2020)
Academic Well-being	*Student Subjective Well-being Questionnaire (SSWQ)*	(Renshaw et al., 2015)	Original	Translated	Translated	Translated	Translated
University Identification	*Multidimensional Scale of Social Identification*	(Leach et al., 2008)	Original	(Bobowik et al., 2013)	Translated	(Barbera & Capone, 2016)	(Ramos & Alves, 2011)
Cultural Identification	*Single-item Social Identification (SISI)*	(Postmes et al., 2013)	Original	Translated	Translated	Translated	Translated
University Social Support **Family & Friends Social Support**	*Perceived Social Support Scale*	(van Dick & Haslam, 2012)	Adapted	Translated	Translated	Translated	Translated
Mental Health Self-Stigma	*Self-Stigma of Seeking Help (SSOSH)*	(Vogel et al., 2006)	Original	(Sanchez n.d. cited in Vogel, 2024)	Translated	(Pignattelli n.d. cited in Vogel, 2024)	(Gonçalves n.d. cited in Vogel, 2024)

Mental Health. We utilized the Mental Health Continuum Short Form to assess the mental health of university students and staff (Keyes, 2009). This instrument consists of 14 items divided into three subscales that evaluate

emotional well-being (e.g., "During the past month, how often did you feel happy?"), social well-being (e.g., "During the past month, how often did you feel that people are basically good?"), and psychological well-being (e.g., "During the past month, how often did you feel confident to think or express your own ideas and opinions?"). Participants responded on a six-point scale ranging from 0 (Never) to 5 (Every day). The responses were then summed to create a single index (α = .92), with higher scores reflecting more positive mental health outcomes.

Students' Academic Well-being. To assess academic well-being, we used the Student Subjective Wellbeing Questionnaire (Renshaw, 2024). Since this measure specifically evaluates individuals' academic experiences over the past month, it was administered only to university students. The instrument consists of 16 items divided into four subscales: joy of learning (e.g., "I am really interested in the things I am doing at university"), university connectedness (e.g., "I can really be myself at university"), educational purpose (e.g., "I think university matters and should be taken seriously"), and academic efficacy (e.g., "I do good work at university"). Participants rated each item on a four-point scale, ranging from 1 (Almost Never) to 4 (Almost Always). The items were aggregated to create a composite score (α = .88), with higher scores indicating greater academic well-being among university students.

University Identification. We used the Multidimensional Scale of Social Identification (Leach et al., 2008) to assess how participants identified with a specific in-group. This versatile scale can be adapted to measure identification with any given in-group; in this study, we focused on participants' identification with their respective higher education institutions. The scale consists of 14 items distributed across five subscales, each evaluating a different aspect of in-group identification: solidarity (e.g., "I feel a bond with [university]"), satisfaction (e.g., "It is pleasant to be part of [university]"), centrality (e.g., "I often think about the fact that I am part of [university]"), individual self-stereotyping (e.g., "I have a lot in common with the average member of [university]"), and in-group homogeneity (e.g., "People from [university] have a lot in common with each other"). Participants responded on a seven-point scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). We averaged the items into a single index (α = .91), where higher scores indicated a stronger identification with their higher education institution.

Cultural Identification. We used a single-item measure to assess university students' and staff members' social identification with the country and culture where their respective higher education institution is located (e.g., "I identify with [insert country of higher education institution] and its culture"). This scale was developed by Postmes and colleagues (2012) and can be reliably adapted to any group membership or social category. Higher scores on this scale indicate more identification with the country and culture in question.

University Social Support. We used four items adapted from van Dick and Haslam (2012) to measure various dimensions of perceived social support—emotional, companionship, instrumental, and informational—provided by the higher education institution to university students and staff (e.g., "I get the resources I need from this university"). Responses were recorded on a seven-point rating scale (1 = Strongly disagree to 7 = Strongly agree). We averaged the items into a single index (α = .85), with higher scores reflecting greater perceived support from the higher education institution.

Family & Friends Social Support. We also adapted the four items developed by van Dick and Haslam (2012) to measure perceived social support from university students' and staff members' family and friends (e.g., "I get the advice I need from friends and family"; α = .95).

Mental Health Self- Stigma. To measure the degree of stigma related to mental illness and to seek treatment among university students and staff, we used the 10-item Self-Stigma of Seeking Help scale developed by Vogel and colleagues (2006) (e.g., "If I went to a psychotherapist, I would be less satisfied with myself"). Responses were given on a seven-point rating scale (1 = Strongly disagree to 7 = Strongly agree). We averaged the items into a single index with higher scores indicating greater levels of mental health self-stigma. The 10-item scale had poor reliability (α = .59). Upon closer inspection, it was observed that item 10 (i.e., "I would feel worse about myself if I could not solve my own problems.") performed poorly and was barely correlated to the other items. Due to this, we opted to delete item 10, and the reliability of the scale improved to a more acceptable score (α = .66).

Data Analysis Plan

To analyze the quantitative data collected in our needs assessments, we utilized descriptive statistics and computed correlations for the overall sample. We then conducted two t-tests: one comparing students and staff, and another assessing differences between those belonging to a social minority group and those who do not. Subsequently, we performed two-factor ANOVAs to determine if there were any differences among university students and staff who belonged or did not to a social minority group across our main variables. Likewise, we performed a series of ANOVAs to explore potential differences across universities in terms of mental health outcomes, academic well-being, acculturation levels, and the degree of identification with the respective higher education institution of students and staff.

Finally, we performed two three-step hierarchical linear regressions. The first hierarchical linear regression explored factors associated with mental health outcomes within the higher education community. In Step 1, we included socio-demographic variables such as partnership status, social minority status, role in higher education, university affiliation, and social class. In Step 2, psychological variables were added, including perceived social support from friends and family, acculturation, and mental health self-stigma. Step 3 incorporates university-related factors, such as students' and staff's identification with the higher education institution.

The second three-step hierarchical linear regression examined factors influencing university students' academic well-being. The variables in each step mirrored those in the first regression, with minor adjustments: in Step 1, the role in higher education was excluded, and in Step 2, overall mental health was added. Relationship status (0 = single, 1 = partnered), role in the university (0 = staff, 1 = student), and social minority status (0 = non-minority, 1 = minority) were dummy coded to facilitate interpretation. Similarly, university affiliation was dummy coded for institutions, specifically The University Autonomous of Barcelona, Iscte, University of Turin, and University of Cagliari (0 = non-affiliate, 1 = affiliate). All analyses were conducted using JASP version 0.17.1 for Mac.

Results

Descriptive Statistics. The results show that most of the university students and staff report abov- average or favorable levels of mental health outcomes (*M* = 40.25, *SD* = 14.11; see Figure 7).

Figure 7. Mental health outcomes histogram

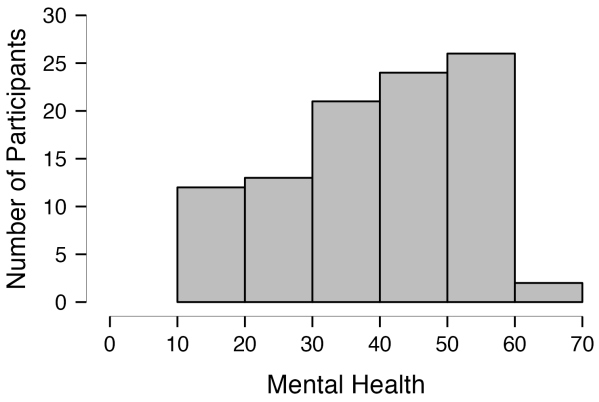


Figure 8. University identification histogram

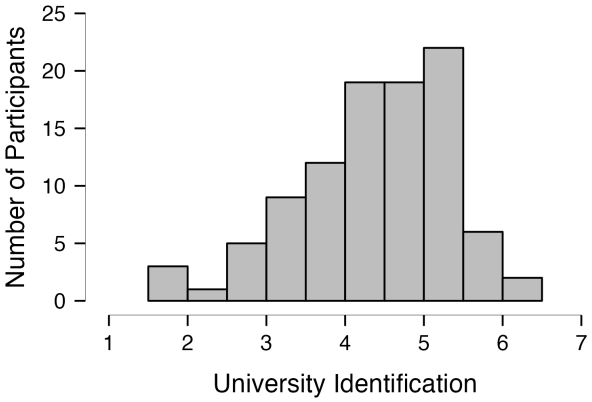


Figure 9. University social support histogram

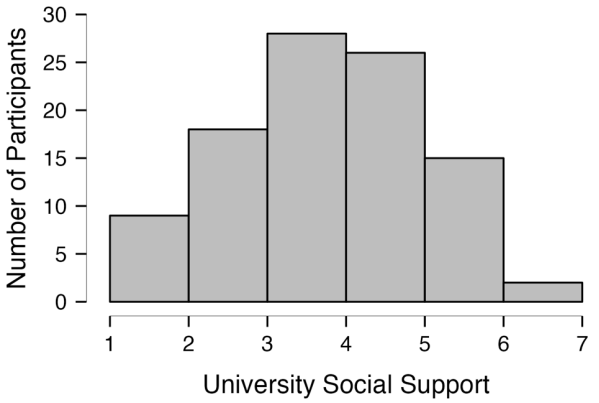


Figure 10. Students' academic well-being histogram

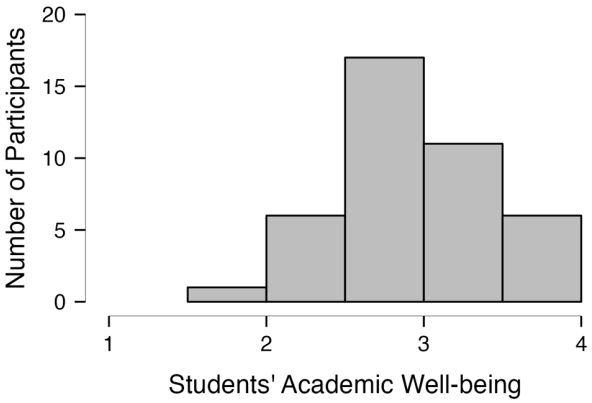


Figure 11. Mental health self-stigma histogram

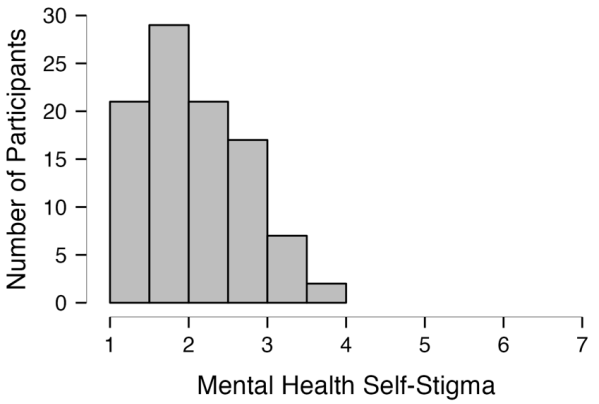
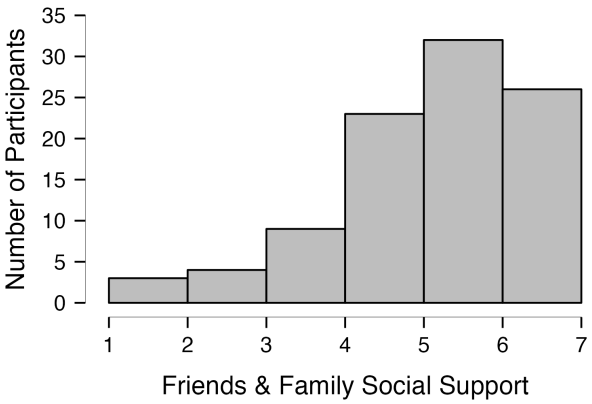
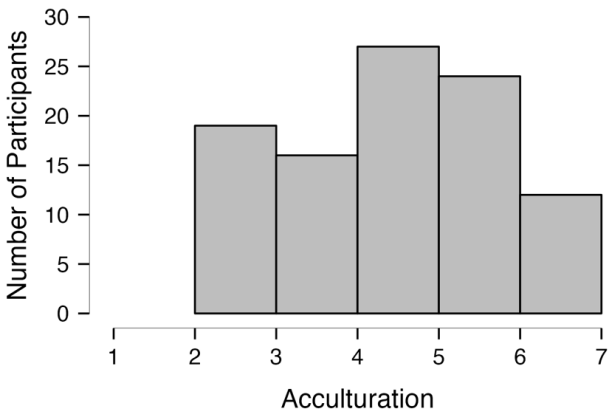


Figure 12. Friends and family social support histogram



Most participants also felt a strong sense of identification with their respective higher education universities (*M* = 4.40, *SD* = .98; see Figure 8). Students and staff also perceived they were adequately supported by their universities (*M* = 3.91, *SD* = 1.26; see Figure 9). Students, in particular, reported above-average levels, or positive academic well-being (*M* = 2.98, *SD* = .50; see Figure 10). The overall sample also reported low levels of mental health stigma (*M* = 2.07, *SD* = .68; see Figure 11). University students and staff felt supported by their family and friends (*M* = 5.37, *SD* = 1.33; see Figure 12). Participants, in general, identified with the country and culture of their higher education institution (*M* = 4.83, *SD* = 1.49; see Figure 13).

Figure 13. Acculturation histogram



Correlations. The correlation matrix is presented in Table 5.

Table 5. Correlation Between the Main Variables

Variable	1	2	3	4	5	6	7	8
1. Mental Health	—							
2. Students' Academic Well-being[a]	.40 **	—						
3. University Identification	.19 *	.45 **	—					
4. University Social Support	.09	.27	.71 ***	—				
5. Mental Health Self-stigma	-.06	.04	.09	.09	—			
6. Family & Friends Social Support	.40 ***	-.01	.05	.03	-.11	—		
7. Acculturation	.25 *	.09	.08	.07	.03	.12	—	
8. Social Class	.17	.22	.34 ***	.28 **	.03	.25 *	-.05	—

Note. * p < .05, ** p < .01, *** p < .001.

[a] Academic well-being was only measured in the student population.

The results indicate that higher levels of perceived social support from family and friends ($p < .001$), students' academic well-being ($p = .010$), and acculturation to the country where the higher education institution is located ($p = .013$) are all associated with positive mental health outcomes. Additionally, stronger identification with one's

university is positively correlated with academic well-being (p = .003) and perceived university social support (p < .001). Regarding socio-demographic data, social class was positively associated with university identification (p = .007) and with perceived social support from one's university (p < .001).

Student vs Staff - T-tests. To compare the main variables and participants' sociodemographic data between university students and staff, a series of t-tests were conducted (see Table 6). The findings reveal that university students reported worse mental health outcomes (p < .001), perceived less social support from friends and family (p = .027), and identified with a lower social class (p = .001) compared to university staff. However, there were no significant differences between the two groups regarding their identification with their higher education institution, perceived university social support, levels of mental health self-stigma or their acculturation levels (p ≥ .139).

Table 6. Comparison Between University Students and Staff

	Students		Staff			
	M	(*SD*)	*M*	(*SD*)	*t*	Cohen's *d*
Mental Health	34.60	(14.13)	44.48	(12.64)	3.64***	.74
University Identification	4.25	(.97)	4.52	(.99)	1.38	.28
University Social Support	5.83	(1.48)	4.08	(1.52)	1.49	.21
Family & Friends Social Support	5.04	(1.29)	5.63	(1.30)	2.24*	.46
Mental Health Self-Stigma	2.04	(.68)	2.11	(.69)	3.91	.22
Acculturation	4.39	(4.76)	4.88	(1.54)	.37	.08
Social Class	5.83	(1.48)	7.04	(1.52)	3.91***	.80

Note. * p < .05, ** p < .01, *** p < .001.

Minority vs Non-Minority - T-tests. T-tests were conducted to assess possible differences across students and staff who belong to a minority group and those who do not (see Table 7). The results indicate that participants belonging to a social minority group were less likely to report social support from friends and family (p = .043) and were more likely to belong to a lower social class (p < .001) compared to those not in a minority group. However, no significant differences were found between minority and non-minority groups in terms of mental health outcomes, identification with their higher education institution, levels of mental health self-stigma, perceived university social support, academic well-being, or acculturation (p ≥ .157).

Table 7. Comparison Between Those Minority Groups & Non-Minority Groups

	Non-Minority		Minority			
	M	(*SD*)	*M*	(*SD*)	*t*	Cohen's *d*
Mental Health	41.15	(14.28)	39.38	(14.04)	.62	.13
University Identification	4.55	(.95)	4.27	(1.00)	1.45	.29
University Social Support	4.09	(1.37)	3.74	(1.12)	1.40	.20

Family & Friends Social Support	5.65	(1.14)	5.1	(1.44)	2.06*	.42
Mental Health Self-Stigma	2.12	(.66)	2.02	(.70)	.73	.15
Students' Academic Well-being[a]	2.85	(.46)	3.03	(.52)	-1.04	-.37
Acculturation	4.83	(1.51)	4.82	(1.49)	.04	.09
Social Class	7.06	(1.58)	5.98	(1.47)	3.51***	.71

Note. * p < .05, ** p < .01, *** p < .001.

[a] Academic well-being was only measured in the student population.

Minority/Non-Minority vs. Student/Staff - Two Factor ANOVAs. Following up the results of the t-tests, we conducted a two-factor ANOVA to assess possible differences across minority status (factor 1), role in the university (student vs staff; factor 2), and mental health outcomes (dependent variables). Results show no significant differences across minority status and role in the university on mental health outcomes (p = .537).

Differences Across Universities - ANOVAs. We analyzed possible differences among universities using ANOVAs regarding students' and staffs' mental health outcomes, support from family and friends, mental health self-stigma, university support, acculturation levels, university identification, and students' academic well-being, across higher education institutions. The results show that there were significant differences in acculturation levels, F(4, 93) = 2.90, p = .026, and university social support, F(4, 93) = 3.70, p = .008, across the five higher education institutions. For the breakdown of the means and standard deviations stratified by higher education institution, please refer to Table 8.

Table 8. Means and Standard Deviation of Main Variables Stratified by University

	The University Autonomous of Barcelona		Iscte		University of Turin		University of Cagliari		University of Malta	
	M	(*SD*)	*M*	(*SD*)	*M*	(*SD*)	*M*	(*SD*)	*M*	(*SD*)
Mental Health	41.29	(12.71)	39.15	(14.44)	41.57	13.78	44.40	(14.04)	33.62	(15.85)
University Identification	4.11	(1.10)	4.29	(1.02)	4.60	(.63)	4.39	(.94)	4.78	(1.21)
University Social Support	3.42	(1.32)	3.86	(1.22)	4.49	(1.06)	3.37	(1.32)	4.44	(.97)
Family & Friends Social Support	5.23	(1.56)	5.04	(1.66)	5.84	(.82)	5.10	(.87)	5.81	(1.11)
Mental Health Self-Stigma	2.30	(.71)	2.06	(.65)	1.94	(.67)	1.89	(.63)	2.13	(.75)
Acculturation	3.91	(1.81)	5.12	(1.34)	5.22	(1.09)	5.00	(1.31)	4.85	(1.63)
Students' Academic Well-being	2.99	(.60)	3.14	(.51)	2.79	(.54)	3.00	(.43)	2.83	(.38)

Specifically, those belonging to The University Autonomous of Barcelona reported less identification with the country and culture where their higher education institution is located when compared to those from University Turin, University of Cagliari, University of Malta, and Iscte. Additionally, those belonging to the University of Turin and to

the University of Malta, reported feeling more supported by their universities than students and staff from Iscte, the University of Cagliari, and The University Autonomous of Barcelona.

There were no statistical differences for mental health outcomes (p = .330), student's academic well-being (p = .619), mental health self-stigma (p = .369), perceived family and friends social support (p = .151), nor university identification (p = .280), across higher education institutions.

Hierarchical Linear Regression: Mental Health. Our first hierarchical linear regression shows that the final regression model was significant, $F(12, 76) = 5.97$, $p < .001$, accounting for 49% of the variance (see Table 9).

Table 9. Mental Health: Hierarchical Multiple Linear Regression (Unstandardized Regression Coefficients)

	Outcome: Mental Health		
Predictors	**Step 1**	**Step 2**	**Step 3**
Step 1			
Social Class	.69	.58	.12
Partnership Status (0= single; 1 = partnered)	3.82	5.54	5.62*
University Role (0 = staff; 1= student)	-10.71**	-7.23*	-6.39*
Social Minority Status (0 = non-minority; 1 = minority)	3.48	2.22	1.47
University of Turin (0 = non-affiliate; 1 = affiliate)	7.58	6.92	7.55
University of Cagliari (0 = non-affiliate; 1 = affiliate)	16.56**	18.27***	19.89***
The University Autonomous of Barcelona (0 = non-affiliate; 1 =	7.62	13.29**	15.98***
Iscte (0 = non-affiliate; 1 = affiliate)	7.37	9.22[a]	11.01*
Step 2			
Social Support		3.07**	3.35**
Mental Health Self-Stigma		-.23	-1.94
Acculturation		3.07***	3.05***
Step 3			
University Identification			3.41**
ΔR^2	.25	.18	.06
ΔF^2	3.36**	1.98***	.63***

Note. [a] p = .050, *$p < .050$, **$p < .010$, ***$p < .001$.

The results from our three-step hierarchical linear regression revealed that, in Step 1, university staff (p = .001) and those affiliated with the University of Cagliari (p = .003) reported better mental health outcomes. These associations remained significant in Step 2 ($p \leq .020$) and Step 3 ($p \leq .032$). In Step 2, perceived social support (p = .004) and acculturation to the country of the higher education institution ($p < .001$) were also positively associated with mental

health outcomes. With the inclusion of these psychological variables in the model, being partnered (p = .040) and affiliation with The University Autonomous of Barcelona (p = .003) and Iscte (p = .050) emerged as significant factors positively associated with mental health outcomes. All the variables introduced in Step 2 that contributed to explaining the variance remained significant in Step 3 ($p \leq .032$). Finally, in Step 3, stronger identification with one's university was significantly related to positive mental health outcomes (p = .007).

Hierarchical Linear Regression: Academic Well-being. Results from our second hierarchical linear model indicate that the final regression model was not significant, $F(12, 27) = 1.85$, p = .089, though it accounted for 45% of the variance (see Table 10).

Table 10. Academic Well-being: Hierarchical Multiple Linear Regression (Unstandardized Regression Coefficients)

	Outcome: Academic Well-being		
Predictors	Step 1	Step 2	Step 3
Step 1			
Social Class	.10	.07	.03
Partnership Status (0= single; 1 = partnered)	-.17	-.25	-.23
Social Minority Status (0 = non-minority; 1 = minority)	.40	-.02	-.03
University of Turin (0 = non-affiliate; 1 = affiliate)	-.17	-.17	-.08
University of Cagliari (0 = non-affiliate; 1 = affiliate)	.15	-.15	.15
The University Autonomous of Barcelona (0 = non-affiliate; 1 =	.10	.03	.36
Iscte (0= non-affiliate; 1 = affiliate)	.26	.16	.33
Step 2			
Social Support		-.07	-.08
Mental Health Self-Stigma		-.01	-.09
Acculturation		-.02	.01
Mental Health		.02*	.01
Step 3			
University Identification			.23*
ΔR^2	.17	.16	.12
ΔF^2	.90	.38	.57

Note. *p < .050.

A closer examination of each step in the model reveals that in Step 1, none of the socio-demographic characteristics introduced were associated with students' academic well-being ($p \geq .104$). This pattern persisted in Step 2 ($p \geq .152$) and Step 3 ($p \geq .156$). However, in Step 2, the only psychological variable that was positive and significant was mental health (p = .014), indicating that those who reported better mental health were more likely to exhibit higher

levels of academic well-being. Yet, when university identification was included in the model in Step 3, the relationship between mental health and academic well-being became non-significant (p = .095). Instead, higher university identification emerged as the sole predictor of academic well-being (p = .023).

Interviews

Procedure & Materials

The questions for this segment of the qualitative needs assessment (see Appendix B) were designed in alignment with the mental health promotion literature in higher education (e.g., Hernández-Torrano et al., 2020), with particular attention to the role of interculturality, spirituality, and the arts in mental health (e.g., Gaiha et al., 2021; Hai et al., 2018; Riva et al., 2024). University students and staff were invited to share whether their mental health needs were being met at their respective higher education institutions and to explore how these institutions could better support those needs. Stratification ensured a relatively balanced representation of university students, staff, and individuals from social minority groups.

The ethical approval, sampling, recruitment methods, and inclusion criteria for this part of the needs assessment were consistent with those described in the cross-sectional study section. However, given the concerns raised by the ethical committee from the University of Malta regarding the challenge of preserving anonymity in a small population, we implemented two distinct procedures: one specifically for the University of Malta and another for the other four higher education institutions involved in the HEARTS Project—The University Autonomous of Barcelona, Iscte, the University of Turin, and the University of Cagliari.

For confidentiality purposes at the University of Malta, qualitative data were collected through an anonymous online survey, similar to those used in the quantitative needs assessments. This survey included an electronic informed consent form, socio-demographic questions, open-ended questions allowing participants to provide free-form text responses, and a debriefing. The open-ended questions were based on those used in the interview protocols. Still, they were slightly modified to comply with the ethical requirements of the University of Malta (see Appendix C).

For the other four higher education institutions, the qualitative needs assessment was conducted through semi-structured interviews with open-ended lead questions, allowing participants to elaborate on their mental health needs in the context of higher education. These interviews were conducted by a researcher from each institution, either in English or the region's primary language, at a time convenient for the participants. Depending on participants' preferences and availability, interviews were conducted in person or via Zoom, and all were audio-recorded and transcribed. To ensure confidentiality, only de-identified data were used throughout the study.

The structure of the interview phase was as follows: (1) introduction to the interview's objectives and signing of the informed consent form, (2) rapport-building and warm-up questions, (3) the semi-structured interview, (4) wrap-up with cooling-down questions and an opportunity for participants to ask questions, and (5) debriefing. The interview questions centered not on experiences of mental distress or mental illness but rather on how higher education is addressing (or failing to address) their needs.

Participants

A total of 15 participants took part in this phase of the qualitative needs assessments. Of these 15 participants, four were from The University Autonomous of Barcelona (two students and two staff), five from the University of Malta

(two students and three staff), two from the University of Turin (one student and one staff), two from the University of Cagliari (one student and one staff), and two from Iscte (one student and one staff). To minimize the risk of identifying participants, no sociodemographic information was collected, except at the University of Malta, unless disclosed voluntarily during the interviews. Among the qualitative responses, seven participants identified as belonging to a social minority group, including being functionally diverse or having specific educational needs (n = 2), from an international or migrant background (n = 2), LGBTQIA+ (n = 2), or another social minority group (n = 1).

Data Analysis Plan

We performed a content analysis on the 15 qualitative responses collected from higher education students and staff. To conduct the context analysis, Atlas.ti was utilized following the approach of Consensual Qualitative Research (Hill et al., 1997, 2005). This approach involves reviewing gathered data and cases using an inductive analytic process, taking into account the context, and making decisions through consensus. The initial coding was independently performed by a researcher from Iscte. Subsequently, the researcher who conducted the initial coding and another researcher collaboratively reviewed the categories and their respective sub-categories or codes. Any disagreements were resolved through discussion, ensuring that the codes were continuously refined to accurately reflect the qualitative data. The three steps of the Consensual Qualitative Research process included developing and coding domains, constructing core ideas, and creating categories to describe consistencies across cases (cross-analysis).

Results

Content analysis identified five broad categories, each compounding many sub-categories or codes: (1) Connectedness and Belonging, (2) Higher Education Context and Environment, (3) University Mental Health Services, (4) Social Minorities and Underrepresented Groups, and (5) Individual Coping Strategies. Table 11 presents an overview of these categories, along with their corresponding sub-categories.

Table 11. Summary of Categories and Sub-categories

Categories	Sub-categories	*n*	Description
Connectedness & Belonging	Feeling connected and	35	Bond and support from peers, colleagues, authority figures, and
	Academic & Job Satisfaction	25	Degree of contentedness and gratification with one's role at the
	Invisibility & Discrimination	25	Disregard or exclusion for belonging to a social minority or
	Events & Social Initiatives	21	Effects of social initiatives
	Accessibility	15	Lack of accommodation and adaptations for those who need it
	Lack of Support & Care	13	Perceived disregard for people's health and well-being
	Familiarity	11	Acquainted with the people or culture within the university
	Lack of Social/Community	10	Influence of the absence of social activities and the desire for them
	Broad Feelings of Alienation	9	Influence of COVID-19 and individualism
	Inclusion	5	Perceived acceptance of diversity
	Individual-level Factors	4	Personal (lack of) interest and desire to connect with others
	Demands & Workload	29	Influence of the day-to-day responsibilities

Higher Education Context & Environment	Information &	20	Dissemination of organizational information
	Physical Surrounding &	14	Location of the university and use of its facilities
	Competition & Conflict	11	Disputes with/between peers, colleagues, and figures of authority
	Feedback & Recognition	11	The influence of grades, evaluations, and remuneration
	University Systems & Tools	2	Added stress from new organizational tools, protocols, procedures,
University Mental Health Services	Barriers to access	18	Difficulties accessing information, saturation, poor quality services,
	Mental Health Literacy	4	Stigma surrounding mental health
	Ease of access		Free services are offered at the university
Social Minorities & Underrepresented Groups	Specific Educational Needs	10	Needs not met of those with specific educational needs
	Migration Needs	9	Needs not met of EU non-local and international people
	Chronic Pain Needs	7	Needs not met of those living with chronic pain
	Disability Needs	5	Needs not met of those with a disability
	Dietary Needs	2	Needs not met of those who are vegetarian and lactose intolerant
	LGBTQ+ Needs	3	Needs not met of those who are LGBTQ+
	Parental Needs	2	Needs not met of those who are a parent
	Intersectional Needs	1	Needs not met of those belonging to multiple social minority
	Religious Minority Needs	1	Needs not met of those who belong to a religious minority
Individual Coping Strategies	Spiritual Practices	10	Prayer and mindful practices
	Self-distancing	6	Opting not to participate in social activities and events
	Private Psychotherapy	3	Seeking mental health care outside the university

Examples illustrating each main categories are provided in the following section, with participants' names anonymized and replaced by numerical identifiers; their relevant characteristics are also summarized in Table 12.

Category 1: Connectedness & Belonging. This category encompasses several aspects. Primarily, the **sense of connectedness and belonging** among students and staff is rooted in the bonds they build with peers and colleagues. Many participants noted that their connection to the university is driven less by the institution itself and more by the relationships they form with other members of the higher education community, which can be vital for promoting overall mental health and well-being.

> *"I have found a group of colleagues with whom we are friends, people I can trust, with whom I can speak freely, without fear of being misjudged, to whom I can say that I do not feel sufficiently prepared and that there is something I have not understood well. With friends I don't feel performance anxiety, I can confide in and feel supported, and I don't feel the burden of failure. In this group, I understand that not passing an exam is part of the university journey. Socializing is a very important resource" (Participant 10: student, disclosed minority/vulnerability status).*

Another factor that contributed to feeling connected and supported by one's higher education institution was the presence of **events, activities, and social initiatives** organized within the university or by members of the higher

education community. Participants reported forming meaningful connections through a variety of social events, whether they were official university functions, informal gatherings near campus after classes or work, or interactions on digital platforms like WhatsApp groups.

> *"Until now, I have participated in this year's Student's Fest. It was a wonderful experience that brought a variety of feelings. I felt very involved in the culture of university and enjoyed being a part of such a historical event. That being said, the experience wasn't always nice, having to face feelings of loneliness since, especially at the start, I wasn't that comfortable with the people there, however, I must admit that by the end of it I made a number of very good friends and strengthened past relationships."* (Participant 14: student, disclosed minority/vulnerability status).

However, university students and staff expressed a desire for more social initiatives organized by higher education institutions. They noted that university activities and spaces were primarily focused on studying or working, rather than fostering opportunities to meet others and build meaningful connections. This lack of community and social engagement was frustrating for some and even contributed to negative mental health outcomes.

> "Academics do not really engage in community activities at university. The only activity are academic staff association meetings, and I am sure that not everyone attends. There is no community for academics at the University and this does affect mental health. For students the situation is a little bit different. Students involve themselves in student organizations and this helps them to move on with their studies" (Participant 13: staff, disclosed minority/vulnerability status).

In terms of **academic or job satisfaction**, this aspect had a double-edged impact on participants' sense of belonging and connectedness to their university, which in turn affected their mental health. When participants felt that their work and study environment supported a healthy work-life balance, fostered a sense of pride, provided rewarding challenges, or aligned with how they wanted to perform, it strengthened their connection to the university and positively influenced their overall well-being. Conversely, when their studies or work lacked personal satisfaction, the environment of the university was disorganized or one's workload became too challenging to manage, it often led to disengagement from the university and resulted in negative mental health outcomes.

> *"Only with the passage of time was I able, on the one hand, to learn how to 'protect' myself from this excessive load and, on the other hand, to understand the value of my research work at the university. Today I can say that I feel very far from the institution 'hospital', a machine that cares neither for patients nor workers, and that I have instead come closer to the institution 'university'. I recognize myself in its values and see the importance of the work I do every day."* (Participant 7: staff, disclosed minority/vulnerability status).

> *"I think that what makes us distance ourselves is all the traumatic experiences, especially in a case linked to academics, to what I mentioned before, the issue of schedules. You have terrible schedules and you try to go talk to the coordinator on duty or the dean or I don't know what to try to fix them and what do I know, instead of having one class from 9 to 11 and the next from 5 to 7 and I have everything more balanced, maybe it would be better for me to stay afterwards and eat there and make a little life there. But everything was so strange, split schedules that you already had in your head that in 4 hours you had to go back to class, which didn't allow you to finish enjoying it either. And when you are going to speak and in response*

to this you have a constant refusal, the sensations are, on the academic administrative side, of incomprehension and as a result of this, of alienation from the institution itself" (Participant 3: student, disclosed minority/vulnerability status).

Familiarity, such as being acquainted with people through university-sponsored social activities, encouraged participants to engage more in social initiatives within the institution. Additionally, familiarity with the university's culture or the culture of the country where the university is located helped some participants, particularly those with an international background, feel more welcomed and integrated. Conversely, a lack of familiarity could lead to obstacles such as culture shock, which can hinder individuals' ability to feel integrated into the university community.

"There is a tendency for the same persons to engage in community events. This usually fosters a sense of collegiality and helps improve a sense of connection. This contributes significantly to improving one's mental health" (Participant 11: staff)

"I feel like there was especially the European network is really, really big. So, there was space for me personally and I also wasn't like the only person from my home country. Well, there were more people and I think that helps as well" (Participant 6: student, disclosed minority/vulnerability status).

In a similar vein, **inclusion** contributed to people feeling like they were welcomed and supported by their higher education institutions. Specifically, when participants perceived that those belonging to a social minority group were included and there was little to no form of discrimination.

"I must say that I am very lucky because I work in a serene and open environment, and I have a very good relationship with my colleagues. I have never felt discriminated against because I am the mother of a child with my female partner, it is something I can talk about calmly" (Participant 7: staff, disclosed minority/vulnerability status).

In contrast to inclusion, **discrimination against individuals from social minority or underrepresented** groups often resulted in adverse mental health outcomes and a sense of disconnection from their higher education institutions. Some participants reported that policies, protocols, spaces, peers, and even authority figures, such as teachers or supervisors, failed to accommodate their diverse needs. This lack of support forced individuals from these groups to take on additional responsibilities to navigate the higher education environment, rather than receiving assistance from relevant departments or facilities (e.g., disability services). As a result, many felt invisible, abandoned, and left to fend for themselves while also juggling the demands of their studies or work.

"When I was having difficulties, I contacted the department of social services at the university. They said they could help me with the situation (…) by putting a label in the online system from the university stating that I am "disabled" due to my chronic pain. I asked 'what is this label for' they said that (…) it signals something is happening so (people) can slow down and make accommodations. However, do I need this label for (others) to treat me better? But the department of social services stated they will put the label of 'disabled' in the university's system. I am going through a difficult time, and they wanted to label me as disabled. It is the educational system and rules who are disabled, and not me, forcing me to conform to them" (Participant 5: staff, disclosed minority/vulnerability status).

> *"So, having to talk to five, six, seven teachers every semester to tell them I am gifted when you don't even know if they really know what being gifted entails. To say "look, I'm gifted, and I have these specific needs", dude, on the exam, please make sure everyone is quiet. I'm saying something very basic, okay?"* Participant 4: student, disclosed minority/vulnerability status).

Similarly, when university students and staff felt **a lack of support and care**, as if their needs and humanity were being overlooked, or when they felt unheard by their higher education institutions, it often led to negative mental health outcomes. This was especially true when they perceived themselves as just another person or a number within the university setting.

> *"I have a colleague who died, he died months ago. His position has not been filled. He is not going to return, my colleague. That is, apart from the fact that no one, no one gave us their condolences as a team. It's unfortunate. It's very sad."* (Participant 1: staff).

Another factor contributing is a **broad sense of feelings of alienation** from their institution, as well as from those who belong to it, which is related to macro-level changes in society. Some participants attributed these feelings to the lockdown and isolation experienced during the COVID-19 pandemic. Others noted that pre-existing trends, such as the rise of individualism, the bureaucratization of universities, and the increasing prevalence of isolating digital technologies, also played a significant role.

> *"I believe that COVID was a mental destruction for everyone in my generation, and with people who have discussed it, I believe that everyone shares it to a greater or lesser extent. COVID was pretty devastating. Because it de-structured you, you were locked up at home, no... In that sense, well, all of this is that I couldn't tell you to what extent it is just anxiety that affects you. I think it is a conglomeration of things at a specific moment, in a specific situation, in a specific temporality, that makes you go completely crazy"* (Participant 3: student, disclosed minority/vulnerability status).

> *"… today, what I am missing in the university, I think is the university, I think related to this part of humanity that has nothing to do with the university, but with the social moment. I think we are going through, what has been the case since pre-Covid until now"* (Participant 2: staff, disclosed minority/vulnerability status).

Lastly, some participants highlighted **individual-level factors** that influence a person's sense of attachment to the university. For instance, some reported that regardless of the number of social initiatives offered by the university, certain individuals lack the motivation or curiosity to participate in these activities or integrate into the university environment.

> *"We spent three completely free days with two people trained in community theater, and we collaborated on the initiative. During those days, I realized there were few students participating. Many people view university more schematically: they attend lectures, take exams, and it's difficult to encourage participation in extracurricular activities. Yet, they often complain that there's nothing to do at university, whereas I am involved in a thousand things. Sometimes personal initiative and curiosity are also lacking"* (Participant 8: student).

Category 2: Higher Education Context & Environment. One of the most common obstacles to the mental health and well-being of university students and staff is the stress associated with **academic or job demands**. Participants reported that increased workloads often result in high levels of stress, feelings of being overwhelmed, and frustration. This stress not only limits their ability to participate in social activities and events but also reduces their time for leisure. Additionally, higher workloads can lead to increased conflicts, such as those between staff and teachers or among staff members. Furthermore, students and staff noted that heightened demands lead to teachers dedicating less time to individual students, causing staff to feel more disconnected and students to feel less supported.

> *"A number of academics and students, especially from our faculty, are very engaged with community and university organizations. Unfortunately, our workload, which is insane at times, precludes some of us from being more active"* (Participant 12: staff).

> *"For a while, I had difficulty studying. I had to take an exam that was preparatory, which was possible to take the exam once a year. So, it was important to pass it, I felt anxious. Furthermore, in the medical course the lessons are mandatory and then there are the hours of internship, so we are busy all day. I had to study at night and on weekends. For this reason, I had very little free time for sports, hobbies, and meeting friends. This influenced my mental health"* (Participant 10: student, disclosed minority/vulnerability status).

Similarly, the manner in which universities communicate with their staff and students can significantly impact their mental health. When information is unclear or insufficient, participants reported experiencing uncertainty and anxiety, which complicates their ability to navigate the university environment and fulfill their responsibilities. Additionally, a lack of information about available events and resources can prevent students and staff from accessing the appropriate services and participating in university social initiatives. Participants emphasized the need for clear **communication**, particularly at the beginning of the academic year. However, there is also concern that an overwhelming amount of information provided all at once can be daunting. Universities must strike a balance and ensure effective communication to support their higher education communities.

> *"I think in like information about the things that are possible to access would be amazing. So, if it's very clearly… it's very clear what we can access in which language we can access things, and when and where that would help a lot. For example, I remember like in the first week somebody got sick in our cohort, and it was like there's a university clinic, but we didn't know if that's kind of like a case for university clinic already or who they are. If they, if there will be somebody who we can talk to in English, one of those things. And I think like information would just be a gift because if you, for example, have like a booklet or something where to access information, it would make things very easy. That would have helped the lot in the beginning of the semester"* (Participant 6: student, disclosed minority/vulnerability status).

The **location of the university** and the utilization of its **physical space** can significantly impact individuals' mental health and well-being. A university situated near the city's cultural attractions can offer participants enriching opportunities to engage with the local culture. However, if the university is located far from the city center, it can create commuting challenges for students and staff, potentially discouraging participation in on-campus activities. Additionally, the university's physical layout can affect social interactions; noisy environments, a lack of study rooms, and insufficient social spaces can hinder opportunities for socialization. Furthermore, the absence of certain types of

spaces may affect students and staff from social minorities or underrepresented groups, making them feel unsafe or unable to express their authentic selves.

> *"As a trans person before my surgery it was a hell choosing the toilet because I looked like a boy but also looked like a girl. I dressed like a boy, but I still had traces of female hormones where basically I did not have a beard, or I did not have any sign of testosterone. So, if I chose the women's toilet, they would look at my clothes and think "it is a guy coming to the women toilet". If I chose the men's toilet, they would look more of my feminine characteristics. Here in [Europe] the difference between toilet is too obvious. Back in my country of origin the difference in toilet is not so strong so there it did not matter where I went to the bathroom. Now, with new gender-inclusive bathrooms and after gender-affirming surgery the situation has gotten better, and the pressure has gone"* (Participant 5: staff, disclosed minority/vulnerability status).

> *"There are people who do music, theater here, but if you have no interest in this is because you live far away, for example, as is my case, or you have a long journey to get there and sign up for certain things... You don't want to spend more hours or arrive home a little later. Well, I believe that this link is not made with the university"* (Participant 3: student disclosed minority/vulnerability status).

Another significant obstacle to the effectiveness of mental health promotion strategies in higher education is the presence of **competition and conflict**, which can negatively impact individuals' mental health and their ability to connect with others. For university students, competition can hinder the development of meaningful relationships and contribute to anxiety, as well as exacerbate academic demands, workloads, and satisfaction with their performance. For staff, conflicts with colleagues, and especially with managers or supervisors, can be particularly challenging and distressing. Participants often reported that conflicts in higher education settings tend to persist without any sort of accountability, mediation, or conflict resolution. This situation can result in feelings of impotence, increased distress, and exacerbation of pre-existing mental and physical conditions.

> *"Competition with other students contributes to an ongoing state of anxiety. The competition is present from the very beginning because access to the medical degree course is limited in number, and students are selected by an entrance test. Furthermore, students know that they will have to pass another test to enter a specialization school. Competition is constant. In addition, the professors are very strict. They require a high preparation assessed with high marks, so students who do not reach this high standard fail the exam"* (Participant 10: student, disclosed minority/vulnerability status).

Feedback and recognition from sources such as exams, evaluations, remuneration, and prestige can significantly impact the mental health of university students and staff, both positively and negatively. On the one hand, constructive feedback, clear opportunities for growth, and prospects for academic or career progression can make individuals feel valued within the university and strive to work harder. On the other hand, when adequate feedback is lacking, or when hard work and extra effort do not result in praise, recognition, or rewards, it can lead to feelings of confusion, frustration, and reduced motivation to excel or contribute to the university community.

> *"The only thing is that in a public university there is no formal recognition for those who work well and productively. I have the recognition and esteem by the manager and my colleagues, but no financial recognition. We administrators do not have the possibility of career progression and therefore of salary based on how you do the job. If you work very well or if you do the minimum the salary is the same. There*

are no financial incentives if your work is very well done and improves the functioning of the university. I would like to be given tasks of greater responsibility for my personal satisfaction and salary growth" (Participant 9: staff).

"I also recognize that in my view, failing an exam is not something that hurts me. As long as I know I did my best to get to that point and maybe couldn't know everything because I allow myself to be human, I am okay with that justified failure. So far, I haven't had any negative experiences; I've only failed one exam in my two academic years, but it was never unjustified. The professor discussed it with me and told me to study certain topics better, so there's always an element of advice. And this happens even when you pass, as I have often been advised to improve my presentation skills, so there's always human interaction" (Participant 8: student).

Another factor influencing the mental health outcomes of university students and staff is the **systems and tools** used by the university. Some participants noted that the introduction of new systems without clear communication or guidance on how to use them can lead to frustration and confusion. Additionally, certain protocols—such as limiting the amount of time professors can spend with students after lectures—can hinder the development of meaningful connections and negatively impact the overall sense of community.

"When I do classes and a student wants to get closer, they ask me a lot of apologies. 'Sorry for taking up your time', or 'forgive me, forgive me'. Obviously, I can only give them an hour and a half but that is a regularization because you have to put a number on it and they [the university] dare to regulate the work" (Participant 2: staff, disclosed minority/vulnerability status).

Category 3: University Mental Health Services. Many participants raised concerns about the mental health services within their respective higher education institutions. While some reported positive aspects, most participants highlighted significant barriers to accessing these services. These **barriers** included a lack of information about how to access mental health support, with some students and staff unaware if such services were offered by their university at all. Participants also noted that many of these services were overwhelmed, particularly after the COVID-19 pandemic, and some described the quality of care as subpar, with a greater focus on psychiatric medication than on talk therapy.

Additionally, several participants mentioned a complex and often unfair selection process for accessing therapy. At some universities, namely the University of Cagliari, no mental health services were available at all. Concerns were also raised by university staff about the impartiality and bias of university-provided mental health care, particularly in situations where staff members were experiencing conflicts with colleagues.

"Unfortunately, when I began university, many people spoke about the counselling services provided and at first, I thought this was a very good thing. That being said, after having a number of friends having attempted to use these services, I think that they are not to be proud of since the system and way it works is completely horrible and degrading. I understand that these services must face challenges such as having to filter the number of students which attempt to use such services, however this must be done in a sensitive manner" (Participant 14: student, disclosed minority/vulnerability status).

> *"They gave me diazepam. They asked me if I was already receiving psychological help. I said yes. They told me, well, take diazepam and go home. Well, I think that, only for extreme situations, a diazepam is very good, but I think that, precisely, the motto of the university a year ago was that "mental health is in game". Well, if you solution to solve these mental health problems is to give a diazepam, ask a question about whether you receive psychological help and at home. Well, I think it is, well, I don't know. I think it is a little contradictory with this motto, which seems like more marketing to me than looking good, not that the internal systems work correctly"* (Participant 3: student, disclosed minority/vulnerability status).

Another obstacle faced by mental health services in higher education is the level of mental health literacy, particularly the **stigma** surrounding it. Some participants noted that certain social and cultural attitudes toward mental health, especially among older individuals, may prevent them from seeking help even when they need it. Conversely, those with more positive attitudes toward mental health emphasized that seeking help is an act of bravery and that such behavior should be encouraged.

> *"There is a big cultural issue, because while among younger people it is now normalized to turn to a psychotherapist, among adults it is still not, it is experienced as a kind of taboo"* (Participant 7: staff, disclosed minority/vulnerability status).

> *"I think that everybody that accesses mental health support is super brave of course and should do so because if you think that you need it, then you definitely do. I'm always very happy when friends or when acquaintances tell me that I do access it"* (Participant 6: student, disclosed minority/vulnerability status).

The final sub-category in this category highlights factors that encourage people to utilize the **mental health services within their universities**. Participants noted that these services are more accessible because they are free and conveniently offered on campus.

"I think they offer excellent support to students. Having a free, on-campus service is fantastic" (Participant 11: staff).

Category 4: Social Minorities & Underrepresented Groups. This category encompasses the diverse needs of various social minorities and underrepresented groups in higher education. Many of these needs relate to how individuals navigate the higher education environment while holding an identity or condition that is stigmatized or not well-represented in mainstream society. The sub-categories primarily revolved around issues of inclusion, accessibility, and discrimination, but also address the unique experiences of individuals whose characteristics are often stigmatized, misunderstood, or inadequately represented.

These needs are grouped together because they are specific to certain participants, with limited overlap, making it challenging to construct a unified narrative. However, we aim to highlight the unique needs of each group, identity, or condition. Some of these needs can and should be addressed by higher education institutions and through health promotion strategies, while others fall outside of the responsibility of universities but should at least be acknowledged to ensure a satisfactory academic or professional experience in the higher education setting. To exemplify this category we will use the following quotes to highlight some of these diverse needs related to **migration**, **disability status**, **specific health conditions**, and being a **parent** in higher education settings.

"I have had to validate my degrees, and that can be a mountain. I mean, it can be years trying to pick up a piece of paper to apply to the university, and there are people who don't do it. I think this is significant. I think this makes integration a little more complex or participation, retention, and promotion" (Participant 2: staff, disclosed minority/vulnerability status).

"I am a person with an invisible disability, but I do not think that this is really considered. Although I feel tired when carrying stuff and travelling, I am still given lectures on the other side of the campus. I do not complain, I just grit my teeth and carry on" (Participant 13: staff, disclosed minority/vulnerability status).

"I am vegetarian and lactose intolerant, and this is an aspect that is not considered in the university canteen. I always must eat the same things, and apart from salad I cannot find dishes that I like. The canteen offers a lot of meats and never legumes" (Participant 10: student, disclosed minority/vulnerability status).

"And once I became a mother, I think one thing that would really be needed would be a nursery service for those working at university, to really give mothers the opportunity to carry on with their work" (Participant 7: staff, disclosed minority/vulnerability status).

Category 5: Individual Coping Strategies. The final main category from the thematic analysis focuses on the individual coping strategies people employ when facing challenges in higher education. Participants reported using various methods, such as **religious practices or mindfulness** techniques, to manage the demands and uncertainties of their academic or professional environment. Additionally, some participants felt that higher education institutions often overlook spiritual aspects or opportunities for individuals to find deeper meaning and purpose in life.

"I practice meditation and pray because my experiences with the university have worsen my mental health and because of praying and doing mediation my health is becoming better. (…) I felt like I was drained. (…) I felt alone. That was until I started praying and started to feel accepted and loved by God" (Participant 5: staff, disclosed minority/vulnerability status).

Another coping mechanism reported by participants was **disengaging** from university responsibilities and activities, either to avoid stress or to focus on other areas of interest that they felt would be more beneficial to them.

"If I fail an exam or get a mark lower than C/C+ I'll probably ghost everyone and hide from the world for a good 2-3 days..." (Participant 15: student).

The final sub-category involves some participants accessing **private mental health services** either before starting university or during their time at their respective institutions. These individuals chose not to utilize the services offered at their university for various reasons such as having a condition that was discovered prior to their time in higher education.

"For me it has been an essential tool. I know that I would not have been able to finish my university years without psychological help. Because in my case, I went to psychological help from the first year, from the middle of first year, when all these things that I mentioned happened, that you don't understand how it works, you want to achieve more, and you see that you can't achieve more. So from the first I went, and

understanding that things that do not depend on you, which may seem very obvious, but when you are so immersed in the university system and the academic system, sometimes you lose this vision, and to remind you of a series of things, to students like us who are so self-demanding, reducing this demand, in the end letting go a little of what does not depend on you, is essential for... it has been fundamental for me, to be able to complete the entire degree" (Participant 3: student, disclosed minority/vulnerability status).

HEARTS
PROMOTING MENTAL HEALTH TOGETHER

Conclusion

Conclusion

Addressing the mental health crisis in higher education is a complex challenge, but one that requires the collaborative efforts of everyone within the university environment. A crucial first step in addressing this crisis is for universities to gain a deeper understanding of the specific mental health needs of their communities. This report, developed by the HEARTS Project consortium, aimed to comprehensively assess the mental health needs of university students and staff across five European higher education institutions. Using a mixed-method approach, the report first mapped out the mental health services available at each institution to evaluate their best practices and identify barriers to access. This was followed by surveys and interviews with both students and staff to identify their current mental health needs. The assessments were grounded in behavioral and health promotion literature and employed interdisciplinary approaches, incorporating perspectives from psychology, religious studies, performing arts, and interculturality. The following sections provide a detailed analysis of the findings, a summary of all assessments, and recommendations for health promotion strategies, while also acknowledging the limitations of this report.

Mapping of Mental Health Services: Barriers & Best Practices

The mapping of mental health services at The University Autonomous of Barcelona, Iscte, University of Turin, University of Cagliari, and University of Malta provided valuable insights into how European higher education institutions are addressing the mental health needs of their communities. While the quality of services, infrastructure, and available resources vary significantly depending on factors such as country, region, and student population size, some common trends emerged from this mapping.

Focus on Intervention Over Prevention

A key finding is that most institutions prioritize intervention strategies over comprehensive health promotion. While they do offer a variety of mental health services aimed at addressing problems as they arise, few universities place a strong emphasis on preventative measures as well as ways to build and foster social and emotional resilience. Those who do tend to focus on raising awareness of mental health issues like suicide and gender-based violence or fostering mental health literacy through workshops and stress management talks during exam periods. This highlights a significant area for growth, where universities could enhance their mental health strategies by incorporating more preventative approaches. Including initiatives that focus on developing strategies to bolster students' and staff's capacity to handle adversity and stressors can significantly strengthen existing health promotion and intervention protocols. By integrating these preventative measures, universities can better support their community's overall well-being and resilience.

Basic Sensitivity to Minority and Vulnerable Groups

Another notable trend is the growing awareness and sensitivity toward the needs of social minorities and vulnerable groups within universities. All the institutions reported having protocols or dedicated departments aimed at helping these groups better navigate the higher education environment. However, the level of support and resources

available to different minority and vulnerable groups varied considerably. While there was consistent support for individuals with special educational needs, functional diversity, or international backgrounds, the existing services for women, LGBTQ+ individuals, migrants, asylum-seekers, and religious minorities differed widely. Some universities offered extensive resources for these groups, whereas others provided minimal or no support. This variation inadvertently creates a dynamic where the mental health needs of certain groups are prioritized over others, leading to disparities in the support available.

Services Primarily Targeted Toward Students

A third observation is that most mental health services and strategies in universities are primarily tailored for students rather than staff. While some institutions do provide mental health services for staff, these offerings are often secondary to those aimed at students. For example, some university staff members may occasionally benefit from student-focused services, such as having access to reduced fees, it is evident that these services are predominantly student-centric. This creates a significant gap in mental health promotion, prevention, and intervention efforts specifically designed to address the unique needs of university staff.

Persistent Barriers to Access

Despite the presence of mental health services, many universities still face significant barriers to access. The nature of these barriers is often related to the available resources. Universities with well-developed services, such as The University Autonomous of Barcelona, the University of Turin, and the University of Malta, frequently encounter challenges related to communication and information dissemination. Issues include the lack of a central hub to direct students and staff to the appropriate services, duplication of similar services within the same institution, difficulties in referring students and staff between services, and long waiting times. Conversely, universities with fewer resources allocated to mental health, like Iscte and the University of Cagliari, face more fundamental barriers, such as the absence of in-house mental health services. At these institutions, mental health services are outsourced, requiring students and staff to pay for access (even if at lower fees). Therefore, while barriers to access exist even in well-equipped institutions, each university must recognize and address these challenges within the context of its specific circumstances.

Limited Holistic and Interdisciplinary Approaches

Finally, many universities focus their mental health services primarily on psychotherapy or counseling, often neglecting more intersectional, interdisciplinary, and intercultural forms of mental health promotion. Initiatives involving group interventions (e.g., peer groups, physical or social activities), the arts, and spirituality are generally underrepresented in higher education settings. While steps have been taken to support diversity, particularly for those with specific educational needs or functionally diverse, there is still a significant opportunity to broaden the scope of mental health strategies. While psychotherapy and counseling are crucial, universities could benefit from a more holistic understanding of mental health that includes diverse and integrative approaches.

Best Practices

The mapping of mental health services across these institutions not only identified barriers and areas for improvement but also highlighted what each university is currently doing well to support the mental health of its

community. Each of these five higher education institutions balances unique advantages (e.g., location) and constraints (e.g., available resources), which has led to the development of targeted strategies and initiatives that positively impact their respective communities. We refer to these effective strategies as "best practices".

In the following sections, we present the best practices identified through our mapping of mental health services. For each institution, two best practices were pinpointed by the HEARTS research team members at their respective universities, based on the available information and interviews conducted during the service mapping process. While these initiatives have proven successful in their specific contexts, our goal is to document and share them so that other universities can recognize, adapt, and further improve upon these practices within their own settings. Below are the best practices identified in our mental health services mapping:

1. **PIUNE (Support Service for Students with Specific Educational Needs)** at **The University Autonomous of Barcelona**: PIUNE, works to guarantee that every person, independent of their disability or Specific Educational Needs can access higher education with equality of opportunity and enjoy a full academic and social life and autonomy at university like the rest of their peers. PIUNE carries out actions to facilitate both support for academic progress and success through tutorial actions and promote employment opportunities for students, taking advantage of the synergies with the university community. Also, they attend students with physical, visual, auditive and multiple disabilities and those with learning or mental disorders. This service is free for students in the UAB community. PIUNE exemplifies a best practice for mental health promotion in higher education because it fosters an inclusive environment where all students, including those with disabilities, are supported not only academically but also in terms of personal growth and future employment opportunities. By providing free, specialized services, PIUNE promotes equity and accessibility, ensuring that mental health support is tailored to diverse student needs.
2. **Psychegenre Unit (Psychogender Unit - Psychology and Speech Therapy Service)** at **The University Autonomous of Barcelona**: Psicogènere offers reception, accompaniment, counseling, and psychotherapeutic work from a specialized perspective in gender, at individual and group levels, for people who have lived or are experiencing discomfort and emotional conflicts (personal and interpersonal), or abusive relationships, or micro violence or gender violence (including LGTBIQ+ violence) as a result of inequalities and binary gender identities, to accompany and offer tools to promote feminist health. This service is free for people in the UAB community. Given the exceptional situation, the service offers face-to-face or online attention to adapt to the current context. The Psychegenre Unit is considered a best practice in mental health promotion for its targeted focus on gender-sensitive support, providing a safe and specialized space for those affected by gender-related issues. By addressing gender violence and promoting feminist and LGBTQ+ health, this service fills a critical gap in mental health support, ensuring that underrepresented groups receive the necessary care and empowerment.
3. **Student Counseling Office** at **Iscte:** The student counseling office at Iscte is dedicated to enhancing student integration and well-being through a variety of initiatives, including workshops, academic and personal development programs (e.g., studying strategies, exam anxiety, academic adaptation, and stress management), and other activities promoting healthy lifestyles throughout the academic year. While it serves a broad range of students, it is particularly distinguished by its specialized focus on those with specific educational needs and functional diversity. The service offers thorough support, including initial assessment, coordination with internal and external resources, and it also provides detailed information

about available support services. The service also advances inclusivity through features such as adapted buildings, the TeleAula distance learning system, multimedia resources, and specialized workshops and events focused on inclusion. A notable aspect of its approach is allowing students to self-identify their specific educational needs during enrollment, enabling them to disclose their needs and opt for tailored follow-up support. This approach represents best practices in mental health promotion by providing tailored support for students with disabilities and functional diversity, fostering an inclusive environment that minimizes barriers and empowers students through self-identification. It also allows for support on academic difficulties experienced by students in general, with pedagogical support and workshops, making use of the limited in-house resources to address common difficulties faced by the student population.

4. **Program IN_Iscte** at **Iscte**: A recently implemented project called IN_Iscte was developed to reduce university student drop out, promote academic performance, and support at-risk students. Four specific objectives of In_Iscte are: (1) improve the integration and success of new students through mentoring and tutoring programs; (2) promote the sharing and dissemination of pedagogical innovation practices inside and outside the classroom, renewing and diversifying technological methodologies and instruments; (3) develop mechanisms for identifying, communicating, and monitoring at-risk students; (4) reinforce self-learning and teamwork skills. We highlight the strengths of the mentoring program, that matches current students (mentees) with recent graduates (mentors), to share insights, practical advice, career guidance, and support self-awareness and motivational and communication skills. At-risk students are also supported, for instance, by referral and funding of psychotherapy sessions. This exemplifies best practices by looking for effective avenues to promote mental health and well-being for students facing significant challenges and vulnerabilities.
5. **Wellness4Student (W4S)** at the **University of Turin**: W4S is a program designed to enhance the health and well-being of first-year students at the University of Turin. It provides personalized feedback by integrating various aspects of students' lives, including physical fitness, psychological health, adherence to a healthy diet, and body composition. Aiming to boost overall health and encourage informed lifestyle choices, W4S benefits both the university community and extends its positive impact beyond. Participation is completely free. W4S exemplifies best practices in mental health promotion by combining physical, psychological, and behavioral health assessments. By offering tailored feedback and fostering awareness of healthy lifestyle choices, it addresses both physical and psychological aspects of student wellness. This holistic approach not only supports improved health outcomes but also establishes a more comprehensive support system within the academic environment.
6. **Centre for Preventive Medicine and Sports at** the **University of Turin**: The Centre for Preventive Medicine and Sports offers specialized prevention, diagnosis, and therapy services to students, staff, their families, and affiliated sports and recreational clubs. Operating within the Healthy Campus framework, it provides medical care at reduced rates to encourage broad use across the university community. This initiative emphasizes affordability and quality, aiming to foster a culture of proactive health management. It exemplifies best practices in mental health promotion by making essential medical services accessible and affordable, thus supporting healthier lifestyle choices, and enhancing overall well-being.
7. **Psychological Counseling Service** at the **University of Cagliari:** The University of Cagliari's Psychological Counselling Service offers free, confidential support to help students navigate their university experience and address emotional and cognitive challenges. The service includes initial consultations, individual and

group psychological support, and awareness-raising activities aimed at improving psychological well-being. By addressing issues such as exam anxiety, adaptation difficulties, and stress management, the service effectively aids students in managing their academic and personal transitions. This program serves as a best practice in mental health promotion, illustrating how universities can provide holistic support through counseling even when resources are limited, and psychotherapy is not available. Its integrated approach creates a nurturing environment that enhances overall mental well-being and builds resilience among students.

8. **The Service for Inclusion and Learning** at the **University of Cagliari:** The Service for Inclusion and Learning supports students, especially those with disabilities or academic difficulties, by providing tailored study assistance and compensatory tools. It collaborates closely with the Psychological Counselling Service at the University of Cagliari, allowing students to be referred between the two services based on their needs. This integrated approach is a best practice in mental health promotion because it ensures comprehensive support for both academic and psychological well-being, addressing multiple facets of the life of those students with specific educational needs or disabilities.

At the University of Malta, most mental health services are managed and coordinated through the Health and Wellness Center. The two best practices identified by the HEARTS Project team demonstrate how this center collaborates with other services it oversees and different university departments to provide comprehensive support to students. The Health and Wellness Center plays a crucial role in safeguarding the mental health of both students and staff, offering immediate, in-house support as needed.

9. **Coordinated Support Network for Early Intervention**: Students contacted a lecturer about a concern they had about a friend of theirs. After involving the Head of the Department, the student was contacted, and the student disclosed that they were struggling with their mental health. The student was then invited to attend a meeting with the Head of Department and the lecturer concerned. In the meantime, the Health and Wellness Centre at the University of Malta was informed of the situation and the student was also provided with contact details of the center. A follow-up meeting was later held with the student, who explained that they were doing much better and were receiving support from the counselling unit forming part of the Health and Wellness Centre. Arrangements were also put into place to further support the student with their academic endeavors such as access arrangements and extension of deadlines. This collaborative approach ensured that the student received holistic support to address his needs.
10. **Holistic Support for Crisis Management**: A student was significantly distressed due to experiencing familial issues which eventually led to the student having to seek alternative accommodation. The situation at home also triggered pre-existing mental health issues. Through the Health and Wellness Centre, the student was offered the support of a social worker and together with the social worker involved, was able to find new accommodation and also re-established contact with her psychiatrist. Having the support of all the professionals involved gave the student the confidence to make the necessary changes they needed in their life. In addition, the department they were registered with was made aware of these difficulties and provisions were put into place to further support the student with their studies. Of note was the fact that not only was the student able to address their immediate needs, chiefly their mental health needs and issues related to accommodation, but they were also able to graduate alongside their peers.

Quantitative Insights

Insights from the cross-sectional survey enhance our understanding of the factors influencing the mental health of university students and staff in higher education settings. This approach helps identify strategies to strengthen and promote mental health, or to mitigate potential harm and distress. Additionally, the survey provides a comprehensive view of mental health needs and experiences within universities, allowing for comparisons across different groups and settings.

The survey results indicate that, overall, students and staff at these five European universities reported favorable mental health levels and low levels of mental health stigma. They also felt adequately supported by their universities, families, and friends. Key factors associated with positive mental health outcomes included identification with one's university, higher levels of perceived social support from family and friends, better academic well-being, and stronger acculturation to the country of the higher education institution. For students specifically, a strong sense of identification with their university was positively correlated with academic well-being and perceived university support. These findings suggest that higher education institutions should continue to develop initiatives and create spaces that foster connections and support between students, staff, and the university community.

Comparing different groups, the survey revealed that students reported worse mental health outcomes and less support from family and friends compared to staff. Additionally, students and staff from minority groups reported lower levels of support from friends and family than their non-minority counterparts. Both students and minority group members were also more likely to come from lower social classes compared to staff and non-minority individuals. This indicates that students and those from minority or vulnerable groups may be more susceptible to mental distress and have less access to resources to address these issues. Consequently, universities should focus on enhancing support for these groups.

A key insight from our survey analysis highlights the significant role of acculturation and university identification in mental health. Specifically, increased identification with one's higher education institution significantly contributed to explaining positive mental health outcomes and student's academic well-being. Acculturation was found to be a crucial factor associated with positive mental health outcomes for both local and international students and staff. As higher education institutions become increasingly demanding and globalized, accommodating a growing number of individuals from all walks of life, there is a need to focus more on how students' and staff's sense of belonging and acculturation processes interact with their integration into their respective higher education institutions and the city, region, or country where the university is located. That way by supporting them throughout their acculturation process we can help mitigate distress and promote their overall well-being.

The findings of our quantitative assessment align with the principles of the salutogenic approach in university environments, emphasizing the crucial role that social determinant of health play in shaping the mental health outcomes and overall well-being of both students and staff. (Antonovsky, 1996; Dooris et al., 2022; Koushede & Donovan, 2022). A key insight from our data is that a strong sense of identification with and perceived support from one's respective higher education institution significantly enhances people's mental health and well-being. Our results also resonate with existing literature highlighting the heightened mental health risks faced by specific

demographic groups, particularly social minorities within higher education (Arday, 2022; Riva et al., 2024). As shown in our assessment, these groups are more likely to face mental health challenges due to factors like reduced social support and limited access to resources.

It's also important to note that the self-reported mental health scores across universities typically ranged from average to slightly above average which may or may not underscore the severity of the mental health crisis in higher education presented in other studies (Chang et al., 2021; Li et al., 2022; Meeks et al., 2023; Sheldon et al., 2021; Shen & Slater, 2021). These may be because questionnaire used in this report focused on assessing aspects of emotional, psychological, and social well-being rather than measuring specific mental health conditions or symptomatology, such as anxiety (see Keyes 2009). Evaluating specific conditions could provide a different perspective. Nevertheless, the quantitative scores, when considered alongside insights gathered from the qualitative assessment and mental health service mappings, indicate that there is room for improvement in how higher education institutions can support the mental health of their respective communities.

Overall, these insights highlight the need for mental health promotion strategies that cultivate connection, identification, and support within university environments. The benefits of social connections for mental health and the risks associated with feeling disconnected or isolated are often underestimated (Haslam et al., 2018). Therefore, universities should prioritize promoting the advantages of social engagement while enhancing opportunities for students and staff to feel more connected to and supported by their institutions. For instance, establishing community and group initiatives could yield positive outcomes (Steffens et al., 2021). In some cases, recommending or "prescribing" social connections may serve as an effective response to mental health concerns and distress (Wakefield et al., 2022).

Moreover, any initiative aimed at connecting students and staff with their higher education institutions should be developed from an intercultural perspective to ensure diverse social minority groups within university settings to feel included. This approach would help create an environment where all individuals feel valued, ultimately contributing to a more supportive and connected university community. Such initiatives could also focus on fostering support for social minority groups and raising awareness about their struggles in higher education, thereby creating more welcoming environments where everyone's needs are acknowledged and addressed.

Qualitative Insights

The interviews and qualitative responses gathered provide a clearer picture of whether the mental health needs of university students and staff in higher education are being adequately addressed. They also offer a deeper understanding of the factors that may either support or hinder the mental health of members within higher education across the five European universities studied. These insights are crucial for shaping mental health promotion strategies, as they inform us about what university students and staff truly need and how best to provide it.

Sense of Belonging & Connectedness

A key takeaway from our qualitative analysis is the significant role that a sense of belonging and connectedness within the university environment plays in the mental health outcomes of students and staff. Both groups tend to report better mental health when they feel supported, included, and familiar with their peers, superiors, and the university itself. Positive mental health outcomes are also associated with satisfaction in their work and the availability of social activities to foster connections within the higher education community. Conversely, a lack of belonging and connectedness, characterized by feelings of alienation, lack of support, discrimination, and insufficient care and accessibility for those with special needs, negatively impacts mental health and well-being. Furthermore, students' and staff's mental health and their relationship with the university are influenced by macro and individual-level factors. The social and political climate can impact how well individuals connect with their university, while personal motivation may determine their engagement with social activities within the higher education environment.

These findings suggest that mental health promotion should focus on creating opportunities and spaces that encourage mutual support, inclusion, and understanding. Many participants expressed a desire for more on-campus activities and initiatives. The incorporation of social activities, including those involving theatre and the performing arts, can be particularly beneficial in this specific context. These activities can provide spaces for play, creative expression, and community bonding in a supportive and safe environment. Theatre and performing arts could provide unique opportunities for students and staff to engage in shared experiences, develop emotional resilience, and connect with others in meaningful ways. However, it's also important to acknowledge that some individuals may choose not to engage due to personal reasons and that broader systemic factors, beyond the control of universities, can also influence mental health outcomes despite best efforts to address them.

Higher Education Context & Environment

The results also highlight how higher education environments can negatively impact the mental health of students and staff. Factors such as increasing demands and workloads, conflict and competition among peers, poor dissemination of important organizational information, lack of appropriate spaces, and the underutilization or ineffective use of university infrastructure can be a source of distress to both students and staff. Our qualitative analysis shows that these issues can lead to heightened stress, difficulty in maintaining a healthy work-study-life balance, challenges in building connections among students and staff, and barriers to participating in the social life of the university. Additionally, these factors can render students and staff from social minorities or vulnerable groups invisible, disregarding their needs and making them feel unsafe in university spaces (e.g., lack of gender-inclusive bathrooms).

Addressing these challenges requires systemic changes within universities to create a more supportive and inclusive environment. However, it is equally important for individual and interpersonal mental health initiatives to be mindful of these challenges and adjust their interventions accordingly. For instance, mental health promotion efforts should avoid adding to the workload of university students and staff or scheduling activities at times that could cause additional stress such as during exam periods. Instead, these initiatives should aim to be accessible and considerate of the participants' existing commitments. Raising awareness about the impact of the university environment on mental health and collaborating to advocate for positive changes can also play a crucial role in creating a healthier university atmosphere.

University Mental Health Services

Another theme that emerged from our qualitative assessment is the presence of numerous barriers to accessing university mental health services. Many of these barriers were identified in the mapping of mental health services provided by the universities, such as system saturation, long waiting times, communication difficulties between services, and a lack of psychotherapeutic services as well as a lack of services aimed at specific social minorities or vulnerable groups (e.g., availability in languages other than the local language; specialized in culturally sensitive interventions). Additionally, the interviews revealed other significant barriers. Some students and staff reported being unaware of the existence of mental health services or how they operate due to a lack of clear information and effective dissemination. Others indicated that the quality of these services was lacking; some individuals felt unheard or unsupported, while others pointed out an overreliance on medication rather than offering opportunities to be genuinely listened to. Given these insights, mental health promotion strategies should prioritize raising awareness about existing mental health services (where available) and the barriers people encounter when accessing them. This awareness can be instrumental in improving these services and making them more accessible and effective for all members of the university community.

An important point raised was that some university staff members lack access to mental health services specifically tailored to their needs. Many staff also expressed concerns about the confidentiality and impartiality of these services, given that the mental health professionals are often fellow employees of the same institution. This insight highlights the need for mental health initiatives in higher education to pay special attention to the unique needs of staff members. There is a justifiable sense of caution and mistrust among staff about how their mental health issues are managed under these circumstances, particularly when these issues pertain to their employer. To address these concerns, mental health interventions aimed at staff should prioritize confidentiality and anonymity, ensuring a safe environment.

Social Minorities & Underrepresented Groups

The lack of universities' ability to meet the diverse needs of various social minorities and vulnerable groups emerged as a prevalent theme in the interviews. University students and staff represent a wide range of backgrounds and experiences, spending much of their time as students or employees within the walls of their respective higher education institutions. Many interviews revealed that students and staff who are part of social minorities or vulnerable groups often feel invisible because their specific needs are not considered. This invisibility manifested in two primary ways: either through the existence of designated departments and protocols that did not function effectively, or through the lack of any consideration altogether.

In the first instance, while there were protocols and departments aimed at supporting these groups, they often failed to operate properly, forcing individuals to shoulder the burden themselves. For example, students and staff sometimes had to disclose their minority status openly to their superiors or peers to receive necessary accommodations. This process often led to stress, frustration, helplessness, and even fear or uncertainty about how others would react to the students' or staff's minority status. The second way invisibility manifested was through omission, where the needs of these groups were not considered at all due to a lack of protocols, departments, or even physical spaces. This oversight created numerous challenges for navigating the higher education environment. For example, it led to cumbersome workarounds (e.g., having to pray in a cafeteria instead of a designated spiritual

space), discomfort (e.g., enduring chronic pain while moving around the university), avoidance (e.g., not asking for necessary accommodations), uncertainty and confusion (e.g., being unable to access important organizational information that is only available in a language one does not speak), frustration (e.g., only being offered cafeteria food options that are not suitable for one's health needs), and resignation (e.g., believing that one's diverse needs will never be met and seeing no point in advocating for them).

These challenges can have various harmful consequences on mental health, well-being, and academic performance, diminishing the extent to which individuals feel connected to and have a sense of belonging within their universities. Such circumstances can also lead to difficulties in navigating or even existing as one's authentic self in higher education spaces, as these environments may treat all students and staff the same without valuing their unique experiences, identities, and needs. To address these issues, mental health promotion strategies in higher education should amplify the voices of diverse groups of students and staff, raise intercultural sensitivity on campus, promote intercultural competencies, and advocate for more inclusive and accessible practices to ensure that everyone feels they belong in the university setting.

Individual Coping Strategies

The final element influencing mental health outcomes for students and staff in university settings, as revealed in the interviews, is the individual coping strategies they use. The interviews uncovered a variety of personal coping mechanisms. Some of these strategies, such as finding meaning and relinquishing control through spiritual practices, can lead to positive health outcomes. However, other strategies may offer temporary relief but pose risks to long-term health, such as isolation and self-distancing.

Another strategy was to seek mental health care outside the university. While seeking private mental health care can be invaluable, it can also become a barrier for those who lack the financial resources, social capital, or time to access such services outside the university. Effective mental health promotion strategies should recognize and support the diverse ways individuals navigate their challenges. Therefore, mental health initiatives in higher education should focus on fostering healthy coping mechanisms while minimizing reliance on strategies that could be unhealthy or costly in the long run. By providing accessible alternatives and strengthening people's individual coping strategies within the university setting, institutions can better support their students and staff.

Limitations & General Implications

Our study, like any research inquiry, has several limitations that must be considered. First, the use of convenience sampling and recruitment methods may introduce potential bias and limit the generalizability of our findings. Since participants were selected based on availability and willingness to participate, the sample may not fully represent the broader university population. However, this approach allowed us to focus on and amplify the voices of social minorities and vulnerable groups, such as religious minorities, LGBTQ+ individuals, and those with specific educational needs, who are often overlooked in university mental health assessments.

Second, data collection occurred during a period when all participating universities were concluding exams, wrapping up the academic year, and transitioning into summer break. This timing is significant because exam

periods are typically high-stress times for both students and academic staff, while summer break is generally a lower-stress period. Consequently, conducting our needs assessment during this period could have influenced the mental health scores and the perceptions of and experiences within university settings reported by our sample.

In the same vein, this small sample size also impacts the robustness of comparisons between different groups within the higher education communities, which may explain the lack of significant differences observed across minority and non-minority groups in our t-tests and two-factor ANOVAs. However, conducting research during this period had the benefit of capturing a substantial number of responses from university staff, who are often underrepresented in mental health needs assessments within higher education contexts. This report, therefore, stands out as one of the few comprehensive assessments that evaluates and compares the mental health needs of both university students and staff.

Lastly, it is important to acknowledge the diversity among the universities included in our study, which differ in terms of population size, ranking and prestige, international presence, available resources, and the presence of robust mental health services and departments for minorities. This variability may impact the generalizability and comparability of our findings. However, the broad scope of our assessment—encompassing a range of European institutions through mapping mental health services, conducting interviews, and administering surveys—provides a comprehensive picture of the mental health needs and experiences within Mediterranean higher education communities in the post-COVID-19 era. Despite its limitations, this report offers valuable insights into current mental health realities and serves as a relevant and timely resource for understanding and addressing these challenges.

HEARTS
PROMOTING MENTAL HEALTH TOGETHER

Concluding Remarks

Concluding Remarks

Higher education institutions are environments that, by their very nature, can both exacerbate mental health challenges and serve as platforms for addressing them and opportunities for people to flourish and for growth. The intense academic pressures, social dynamics, and institutional structures often contribute to mental distress among students and staff. However, these same settings also present opportunities to foster resilience, well-being, and support through targeted interventions and inclusive practices. It is crucial for these institutions to recognize their pivotal role in shaping the mental health of their communities and accurately identifying the diverse needs of all members. Without such recognition and action, the growing mental health crisis within their walls may continue to worsen, impeding the ability of students and staff to thrive. The ***HEARTS Foundation Bricks Report,*** through a comprehensive needs assessment, uncovered many barriers and effective practices within the mental health services of five participating European universities. Using an interdisciplinary approach this report offers a wide-ranging perspective on the mental health needs of university communities and how these are navigated amid the current crisis.

The present report reveals that fostering a sense of support and belonging within the university environment, embracing inclusion, and valuing diversity, and improving the academic conditions and context, alongside refining university mental health services to address existing barriers, are primary concerns for students and staff. This needs assessment provides valuable insights into what is required for students and staff in European higher education institutions to flourish post-COVID-19. It is hoped that this report will serve as a foundation for other universities to address barriers to mental health promotion, adopt the best practices highlighted, and transform the identified needs into actionable initiatives, interventions, and policies. These steps will be crucial for creating environments where students and staff from all backgrounds can thrive in university settings.

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Appendix

Appendix A: Interview Protocol of the Mental Health Service Mapping

Brief: We would like to ask you some questions to better understand the mental health services provided here at [insert university name]. These will be questions about your day-to-day, what you think about the services, and what you believe could improve. We would like to let you know that the information you provided will and cannot be linked to you in any way, so please feel free to tell us exactly what you think. There are no wrong answers. Are you ready to begin?

1. Can you walk me through the process of how students and staff usually seek help and access the mental health services here at [insert university name]?
2. What are the most common needs, concerns, or complaints you see? What are the most common forms of help you provide?
3. What is the number of people or patients seeking mental health support? Do you have any rough or concrete numbers (daily, monthly, or even annually)? Do you see both students and university staff?
4. What other health and well-being services and resources inside or outside the university are available to those seeking help? Are there also services or resources available to you to refer those seeking help?
5. How are the cases of those with diverse needs (for example, international students and those with disability) managed within the service? What resources or accommodations are available to meet their needs?
6. What is your overall impression of how the mental health and well-being services function here at [insert university name]?
7. If I were to give you a magic wand to change anything about the mental health service here at [insert university name], what would you change?

Final Brief: Those are all my questions. Before finishing, is there anything that you would like to add or that you think I have missed about how the mental health services function:
(if yes) -> What?
(if no) -> Well, thank you again for your time.

Appendix B: Semi-Structured Interview Guide

1. What are some of the main mental health concerns or challenges you currently face within the university environment? Can you describe how these challenges impact your daily life and overall well-being?
2. What is your overall impression of the mental health services being offered at the university? What do you think are its main challenges and advantages of said services, if any?
3. What specific support or resources do you believe would help promote your mental health and well-being within the university community? Additionally, what measures or initiatives do you think could help prevent distress or alleviate mental health challenges for yourself and others?
4. How strongly do you feel bonded to or identify the university? Can you share any experiences that have influenced your sense of belonging or connection with the university?
5. Do you feel that you receive adequate emotional support, help, resources, and advice from the university? How do these support systems impact your mental well-being?
6. How actively do you engage in community activities or organizations within the university? What factors contribute to your level of involvement, and how does this engagement affect your mental health?
7. How do you navigate between your heritage culture and the mainstream culture within the university environment? Are there any specific challenges or successes you've experienced in this process and how do they impact your mental well-being?
8. Reflecting on your spiritual beliefs and practices, how do they contribute to your overall sense of well-being? Can you share any experiences where your spirituality has helped you cope with challenges within or outside the university?
9. How often do you participate in artistic or cultural activities within or outside the university? In what ways do you engage with arts and cultural activities on campus or in your community? How do these experiences impact your mental health and sense of belonging?
10. What are your thoughts or beliefs about seeking professional help within and outside the university for mental health concerns?
11. How satisfied are you with your overall academic experience at the university? How does your academic performance and sense of belonging within the university community influence your mental well-being?
12. If you feel that you belong to or identify with a social minority group (e.g., LGBTQ+, have a disability, being a foreigner), how has been your experience at this university? Are there any specific challenges you have faced for belonging to a certain group? Do you feel that your diverse needs have been meet? How does this impact your academic journey? And how has these experiences impact your overall mental health and wellbeing?

Appendix C: University of Malta Qualitative Inquiry

1. How strongly do you feel a bond to or identify with the university? Can you share any experiences that have influenced your sense of belonging or connection with the university?
2. How actively do academics/students (as applicable) engage in community activities or organisations within the university?
3. What factors contribute to the academics'/students' (as applicable) level of involvement, and how does this engagement affect mental health? How often do you participate in artistic or cultural activities within the university? In what ways do you engage with arts and cultural activities on campus or in your community? How do these experiences impact your mental health and sense of belonging?
4. How satisfied are you with your overall academic experience at the university? How do your academic performance and sense of belonging within the university community influence your mental well-being?
5. If you feel that you belong to or identify with a social minority group (e.g., migrant/refugee student, LGBTQ+, student with a disability, international student), how has your experience been at this university?
6. Do you feel that your needs have been met? How does this impact your academic journey?
7. As an international student or staff member, what has your experience been like at this university? Has this had an effect on your wellbeing?
8. What is your overall impression of the university's counseling and mental health services? What do you think are the main challenges and advantages of said services, if any?
9. What specific support or resources do you believe would help promote your mental health and well-being within the university community? Additionally, what measures or initiatives do you think could help prevent distress or alleviate mental health challenges for yourself and others?

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